


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000001103		
1. Entity Name MORGAN STANLEY REAL ESTATE ADVISOR, INC.		

Principal Place of Business 3424 PEACHTREE RD., N.E. SUITE 800 ATLANTA, GA 30326	Mailing Address ATTN: GAIL KNIGHT 3424 PEACHTREE RD., NE, SUITE 800 ATLANTA, GA 30326
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 APR -3 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01272006 Chg-P CR2E034 (11/05) 06

4. FEI Number 20-0109235	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C THOMAS, OWEN D 1585 BROADWAY NEW YORK, NY 10038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900072295539 04/27/06--01019--010 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HARDMAN, E. DAVISON JR. 1585 BROADWAY NEW YORK, NY 10038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANTZ, JAY H 1585 BROADWAY NEW YORK, NY 10038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS KNIGHT, GAIL 3424 PEACHTREE RD., N.E. ATLANTA, GA 30326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS FREEMAN, GAIL 3424 PEACHTREE RD, NE ATLANTA, GA 30326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S O'DELL, CHRISTOPHER L 1585 BROADWAY NEW YORK, NY 10038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FORSELL, WILLIAM J 750 7TH AVENUE NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Gail Freeman Gail Freeman</u>	3/30/06	404-846-1363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

B. Mitchell APR 3 2006