

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90426 033 ***150.00

DOCUMENT # F06000006088

1. Entity Name
LT MANAGER (MN-FL) QRS 15-88, INC.



Principal Place of Business
% W.P. CAREY & CO. LLC
50 ROCKEFELLER PLAZA, 2ND FLOOR
NEW YORK, NY 10020

Mailing Address
% W.P. CAREY & CO. LLC
50 ROCKEFELLER PLAZA, 2ND FLOOR
NEW YORK, NY 10020

40089346



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-5605483

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAURO, HOLLY 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, ANNE COOLIDGE 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD DECESARIS, MARK J 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDS HYDE, SUSAN C 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP NEILEY, DONNA M 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT KEHOE, ROBERT C 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING DIRECTOR ANNE COOLIDGE TAYLOR 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NEW YORK 10020-1605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BENJAMIN PAUL HARRIS 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NEW YORK 10020-1605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition X
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TREASURER ANSON S. WONG 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NEW YORK 10020-1605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition X
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY GEORGIA POLITAKIS 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NEW YORK 10020-1605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition X
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: Anson Wong, Assistant Treasurer

ANSON WONG, ASSISTANT TREASURER 4/24/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, ASSISTANT TREASURER Date

2007-04-24 100