


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90191 047 ***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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04142008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 20-5605483	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ANNE COOLIDGE 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY POLITAKIS, GEORGIA 50 ROCKEFELLER PLAZA, SECOND FLOOR NEW YORK, NEW YORK 10020-1605
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT KEHOE, ROBERT C 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TREASURER WONG, ANSON S 50 ROCKEFELLER PLAZA, SECOND FLOOR NEW YORK, NEW YORK 10020-1605
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>Anson Wong, Asst Treasurer</u> ANSON WONG, ASSISTANT TREASURER 04/21/2008 212-492-1100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					