

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2008 90191 049 \*\*\*150.00

**60033826**



04142008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # F07000001954</b> 1. Entity Name <b>CAREY 16 LENDING CORP.</b>					
Principal Place of Business <b>C/O W.P. CAREY &amp; CO. LLC 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</b>			Mailing Address <b>C/O W.P. CAREY &amp; CO. LLC 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <div style="float: right;"> <input checked="" type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ATD HARRIS, BENJAMIN P 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT ZACHARIAS, THOMAS E 50 ROCKEFELLER PLAZA, SECOND FLOOR NEW YORK, NEW YORK 10020-1605</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CEOD DUGAN, GORDON F 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</b> <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	<b>CD PINOLA, RICHARD J 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</b> <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	<b>D BOND, TREVOR P 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ASSISTANT SECRETARY POLITAKIS, GEORGIA 50 ROCKEFELLER PLAZA, SECOND FLOOR NEW YORK, NEW YORK 10020-1605</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MUNSON, ELIZABETH P 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</b> <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	<b>D PRICE, JAMES D 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ASSISTANT TREASURER WONG, ANSON S 50 ROCKEFELLER PLAZA, SECOND FLOOR NEW YORK, NEW YORK 10020-1605</b> <input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE: <u>Anson Wong, Asst Treasurer</u> ANSON WONG, ASSISTANT TREASURER</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #