

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90039 001 ***300.00

DOCUMENT # F97000002555					
1. Entity Name BLACKROCK REALTY ADVISORS, INC.					
Principal Place of Business 10 PARK AVE, MORRISTOWN, NJ 07960		Mailing Address 50 CALIFORNIA STREET 200 SAN FRANCISCO, CA 94111 -US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66006648 	
City & State		City & State		4. FEI Number 94-3262034	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S 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 _____		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE CFO	NAME FINELLI, WILLIAM A	<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 40 PARK AVE			STREET ADDRESS 300 Campus Drive, 3rd Floor		
CITY-ST-ZIP MORRISTOWN, NJ 07960			CITY-ST-ZIP Florham Park, NJ 07932		
TITLE P	NAME LIEBLICH, FREDERICH	<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 40 PARK AVE			STREET ADDRESS 300 Campus Drive, 3rd Floor		
CITY-ST-ZIP MORRISTOWN, NJ 07960			CITY-ST-ZIP Florham Park, NJ 07932		
TITLE S	NAME HOWERTON, HERMAN H	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 50 CALIFORNIA ST., STE. 200			STREET ADDRESS 		
CITY-ST-ZIP SAN FRANCISCO, CA 94111			CITY-ST-ZIP 		
TITLE 		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
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: Robert Weiss, Assistant Secretary 3/10/06 (415) 678-2000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					