2007 FOR PROFIT CORPORATION . ANNUAL REPORT

DOCU 1. Entity Nam FIELDSIC					07 MAF	FIL 29		: 08						
Principal Place of Business C/O UBS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD, CT 06103-1212				lailing Address C/O UBS REALTY INVE 242 TRUMBULL STREE HARTFORD, CT 06103	TC		i Ali AHASSeE,				, FLORIDA			
2. Principal Place of Business - No P.O. Box # 3				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.		03	122007	Chg-P		CR2E	034 (12/06)			
City & State				City & State	- 1 to - 10 to	4. [er 1293				oplied For ot Applicable			
Zip	Country			Zip Coun		ntry	5. Certificate of S			sired		\$8.75 Add Fee Require		
	6. Name	and Address of Curren	7. Name and Address of New Registered Agent Name											
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525						Street Address (P.O. Box Number is Not Acceptable)						,		
TALLAHA						 	•							
						City					FL	- 1		
8. The above the obligat	named entit tions of regist	y submits this statement tered agent.	for the p	ourpose of changing its	register	ed office or regi	istered ag	ent, or bo	th, in the Sta	te of Flor	ida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered ager	nt and title	it applicable. (NOT	E: Registere	a Agent signature req	quired when re	einstating)			DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											<u></u>			
10. OFFICERS AND DIRE						AD	DITIONS	CHANGES 1	O OFFIC	CERS AND	DIRECTOR:	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 WEST	G, STUART 52ND STREET-14TH RK, NY 10019	☐ Delete	1			50009500 04/06/07010430				□ Change □ □ □ **200	☐ Addition		
TITLE NAME STREET ADORESS CITY-ST-ZIP	51 W. 52N	AU JR., JAMES P ND ST14TH FLOOR RK, NY 10019		☐ Delete								☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	51 W. 52N	E, CHRISTOPHER J ND ST14TH FLOOR RK, NY 10019	Delete		I .						☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- I	V		1/2			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		,		K	1 ()			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								Change	Addition	
indicated of the cor	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.													
SIGNAT	URE:	SIGNATURE AND TYPED OR	PRINTER	NAME OF SIGNING OFFICER		s P. Bou	uderau	u, Jr	. 3/13	3/200	17 (8	360) 61	6-9154	