2001 UNIFORM BUSINESS REPORT (UBR)

000372 AF

DOCUMENT # L00000007404

1. Entity Name

BLACKROCK REALTY ADVISORS, L.L.C.

FILED

01 APR -5 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2730 SW 3RD AVE SUITE 302 MIAMI FL 33129	2730 SW 3RD AVE SUITE 302 MIAMI FL 33129

2. Principal Place of Business	3. Mailing Address
5201 BLUE LAGOON DR	5201 BLUE LAGOON DR.
Suite, Apt. #, etc.: 560	Suite, Apt. #, etc.: 560
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33126 Country: ~~U.S.~~	Zip: 33126 Country: ~~U.S.~~

4. FEI Number: 65-1020020 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EMO CORPORATE SERVICES INC 100 NE 3RD AVE SUITE 1100 FT LAUDERDALE FL 33301	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.

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 $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CARSON, DENNIS 2730 SW 3RD AVE SUITE 302 MIAMI FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR. CARSON DENNIS 5201 BLUE LAGOON DR. # 560 MIAMI FL. 33126 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ROSEN, CASEY 2730 SW 3RD AVE SUITE 302 MIAMI FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR. ROSEN CASEY 5201 BLUE LAGOON DR. # 560 MIA. FL. 33126. ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MILGRAM, MARC 5201 BLUE LAGOON DRIVE SUITE 550 MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200004013412---2 -04/1701-0107--011 ****50.00 ****50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 3/29/01 305-266-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #