
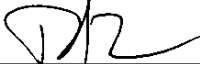


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90048 036 ****55.00

DOCUMENT # L04000084023					
1. Entity Name PACE REALTY ADVISORS, LLC					
Principal Place of Business 4425 PONCE DE LEON BLVD., 4TH FLOOR C/O BAYVIEW FINANCIAL, L.P. CORAL GABLES, FL 33146		Mailing Address 4425 PONCE DE LEON BLVD., 4TH FLOOR C/O BAYVIEW FINANCIAL, L.P. CORAL GABLES, FL 33146			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01312005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 56-2495959	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOMSTEIN, BRIAN E 4425 PONCE DE LEON BLVD., 4TH FLOOR C/O BAYVIEW FINANCIAL, L.P. CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME		MGRP	Ertel, David		
STREET ADDRESS		STREET ADDRESS	4425 Ponce de Leon Blvd., 4th FL		
CITY-ST-ZIP		CITY-ST-ZIP	Coral Gables, FL 33146		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME		MGR-SVP	Quint, David		
STREET ADDRESS		STREET ADDRESS	4425 Ponce de Leon Blvd., 4th FL		
CITY-ST-ZIP		CITY-ST-ZIP	Coral Gables, FL 33146		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME		MGR-SVP	Oppenheim, Robert		
STREET ADDRESS		STREET ADDRESS	4425 Ponce de Leon Blvd., 4th FL		
CITY-ST-ZIP		CITY-ST-ZIP	Coral Gables, FL 33146		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME		SVPS	Bomstein, Brian E		
STREET ADDRESS		STREET ADDRESS	4425 Ponce de Leon Blvd., 4th FL		
CITY-ST-ZIP		CITY-ST-ZIP	Coral Gables, FL 33146		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME		SVPT	Wegner, Robert A		
STREET ADDRESS		STREET ADDRESS	4425 Ponce de Leon Blvd., 4th FL		
CITY-ST-ZIP		CITY-ST-ZIP	Coral Gables, FL 33146		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME		SVP-AT	Fischer, John H		
STREET ADDRESS		STREET ADDRESS	4425 Ponce de Leon Blvd., 4th FL		
CITY-ST-ZIP		CITY-ST-ZIP	Coral Gables, FL 33146		
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: 		(David Quint)		Feb. 25, 2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		3058-854-8880	
				Daytime Phone #	

ATTACHMENT

20016360

10. PACE REALTY ADVISORS, LLC
DOCUMENT NO. L04000084023

TITLE	VPAS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARR, THOMAS		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, MARVIN		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LOMINAC, EVE		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SPILLIS, GEORGE		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	YURKON, MATT.		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		