

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90149 017 ****50.00

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		4. FEI Number 56-2495959	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input 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 Street Address (P.O. Box Number is Not Acceptable) City	
BOMSTEIN, BRIAN E 4425 PONCE DE LEON BLVD., 4TH FLOOR C/O BAYVIEW FINANCIAL, L.P. CORAL GABLES, FL 33146				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, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP ERTEL, DAVID 4425 PONCE DE LEON BLVD 4TH FL MIAMI, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S Carr, Thomas 4425 Ponce de Leon Blvd., 4th Floor Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS QUINT, DAVID 4425 PONCE DE LEON BLVD 4TH FL MIAMI, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Williams, Marvin 4425 Ponce de Leon Blvd., 4th Floor Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS OPPENHEIM, ROBERT 4425 PONCE DE LEON BLVD 4TH FL MIAMI, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lominac, Eve 4425 Ponce de Leon Blvd., 4th Floor Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BOMSTEIN, BRIAN E 4425 PONCE DE LEON BLVD 4TH FL MIAMI, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Yurkon, Matt 4425 Ponce de Leon Blvd., 4th Floor Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT WEGNER, ROBERT A 4425 PONCE DE LEON BLVD 4TH FL MIAMI, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPILLIS, GEORGE 4425 Ponce de Leon Blvd., 4th Floor CORAL GABLES, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPA FISCHER, JOHN H 4425 PONCE DE LEON BLVD 4TH FL MIAMI, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 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: <i>David Quint MGE</i>			Date: 4/21/06 Daytime Phone: 305-854-8880		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					