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## *NIFORM BUSINESS REPORT (UBR)*

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CLARION LION PROPERTIES FUND, LLC				- F	ILED		<u>-</u>		
Principal Placation Business Mailing Address				01 0C	122 PM 12: 17	,			
335 MAPEN AVENUE 335		335 MADISON AVENUE NEW YORK NY 10017	NEW YORK MY 10017		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
				11	Espara era arang arang banya arang arang	<b>er</b> ni <b>as</b> ni <b>st</b> iti tikit			
2. Principal Place of Business 3. N		3. Mailing Address	Mailing Address		<b>i Ja</b> in <b>i i 19</b> 14 <b>i 19</b> 14 i <b>19</b> 14 i 1914 i 19				
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN T	'HIS SPACE			
City & State		City & State	City & State		nber 13-4087331		oplied For ot Applicable	}	
Zip	Country	Zip	Country	5. Certific	ate of Status Desired	\$5.00 Add			
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New Registe	red Agent		1	
٠.	COODODATION SYSTEM		Name	Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Addres	ess (P.O. Box Number is Not Acceptable)					
PL	ANTATION FL 33324								
			City			FL Zip Cod	le 		
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	stered agent, or	both, in the State of Florida.				
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered Agent signature requ	ired when reinstating)		DATE	_ <del></del>		
		FILE NO	W!!! FEE IS \$50.0	0		<del></del>		1	
	ے. <u>اس میں میں جس ہے۔</u> اس میرے /		yable to:Department September 26, 2001	<b>I</b>	<u></u>		ــــــــــــــــــــــــــــــــــــــ	- -	
9.	MANAGING MEMBE		10.		ADDITIONS/CHAN	IGES		┨	
TITLE	Manoging Director	☐ Delete	TITLE		Abbillottofolium	☐ Change	Addition	18	
NAME	glephen Hansen		NAME	•	``			1	
STREET ADDRESS CITY-ST-ZIP	335 Hadison Ave New York Ny 10	0017	STREET ADDRESS CITY-ST-ZIP					100	
TITLE NAME		☐ Delete	TITLE NAME	-"		☐ Change	Addition	] {	
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NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP					1	
11. I hereby of indicated limited lia	certify that the information supplied with on this report is true and accurate and bility company or the receiver or try seg	this filing does not qualify for that my signature shall have t empgwered to execute this r	the exemption stated in the same legal effect as report as required by Ch	Section 119.07 if made under o apter 608, Florid	(3)(i), Florida Statutes. I furthe ath; that I am a managing m da Statutes.	er certify that the in ember or manage	nformation er of the		