

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001980

FILED
Sep 20, 2004
Secretary of State

Entity Name: ACQUIPORT LAKE MARY 600 LLC

Current Principal Place of Business:

C/O LEXINGTON CORPORATE PROPERTIES TRUST
355 LEXINGTON AVE., 14TH FLOOR
NEW YORK, NY 10017

New Principal Place of Business:

C/O LEXINGTON CORPORATE PROPERTIES TRUST
ONE PENN PLAZA, SUITE 4015
NEW YORK, NY 10119

Current Mailing Address:

C/O LEXINGTON CORPORATE PROPERTIES TRUST
355 LEXINGTON AVE., 14TH FLOOR
NEW YORK, NY 10017

New Mailing Address:

C/O LEXINGTON CORPORATE PROPERTIES TRUST
ONE PENN PLAZA, SUITE 4015
NEW YORK, NY 10119

FEI Number: 13-4097389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES INC
526 E PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ACQUIPORT 600 MANAGE, R LLC
Address: 355 LEXINGTON AVE., 14TH FLOOR
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ACQUIPORT 600 MANAGE, R LLC
Address: ONE PENN PLAZA, SUITE 4015
City-St-Zip: NEW YORK, NY 10119

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PATRICK CARROLL, MANAGER

MGRM

09/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date