

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90157 001 \*1,387.50

**DOCUMENT # M01000000312**

**1. Entity Name**  
**BOCA CHARLESTON APARTMENTS INVESTORS LLC**



**Principal Place of Business**  
C/O UBS REALTY INVESTORS LLC  
242 TRUMBULL ST.  
HARTFORD, CT 06103-1212

**Mailing Address**  
C/O UBS REALTY INVESTORS LLC  
242 TRUMBULL ST.  
HARTFORD, CT 06103-1212

**30005529**



**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008 Chg-LLC CR2E083 (12/06)

City & State

City & State

**4. FEI Number**

06-1606779

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.**

**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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

**TITLE** MGR ☒ Delete  
**NAME** UBS REALTY INVESTORS LLC  
**STREET ADDRESS** 242 TRUMBULL STREET  
**CITY - ST - ZIP** HARTFORD, CT 061031212

**TITLE** MGRM ☐ Change ☒ Addition  
**NAME** TPF Equity REIT Operating Partnership LP  
**STREET ADDRESS** 242 Trumbull Street, 4th Floor  
**CITY - ST - ZIP** Hartford, CT 06103-1212

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY - ST - ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Steven M. Kapiloff

April 10, 2008

(860) 616-9012

Date

Daytime Phone #