

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000000331

1. Entity Name



FILED

03 MAR 25 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
335 Madison Avenue

3. Mailing Address
335 Madison Avenue

Suite, Apt. #, etc.
7th Floor

Suite, Apt. #, etc.
7th Floor

City & State
New York, New York

City & State
New York, New York

4. FEI Number
74-3044468

Applied For
Not Applicable

Zip
10017

Country
USA

Zip
10017

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City
Plantation

FL

Zip Code
33324

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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
sole member
Clarion Lion Properties Fund Holding
335 Madison Avenue, 7th Floor
New York, New York 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NAME L.P.
STREET ADDRESS
CITY-ST-ZIP

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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:

Muller J. J.

Authorized Signatory

March 20, 2003 312-701-7186

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

Date

Daytime Phone #

CR2E083B (12/02)