

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90086 042 \*\*\*\*50.00

**DOCUMENT # M01000001042**

1. Entity Name  
W.P. CAREY & CO. LLC



Principal Place of Business  
50 ROCKEFELLER PLAZA, 2ND FLOOR  
NEW YORK, NY 10020

Mailing Address  
50 ROCKEFELLER PLAZA, 2ND FLOOR  
NEW YORK, NY 10020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
13-3912578

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE D ☐ Delete  
NAME CAREY, WILLIAM P  
STREET ADDRESS 50 ROCKEFELLER PLAZA 2ND FLOOR  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME CAREY, FRANCIS J  
STREET ADDRESS 50 ROCKEFELLER PLAZA 2ND FLOOR  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME DUGAN, GORDON F  
STREET ADDRESS 50 ROCKEFELLER PLAZA 2ND FLOOR  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DSVP ☐ Delete  
NAME STODDARD, GEORGE E  
STREET ADDRESS 50 ROCKEFELLER PLAZA 2ND FLOOR  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME NICKELSON, DONALD E  
STREET ADDRESS 50 ROCKEFELLER PLAZA 2ND FLOOR  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FABER, EBERHARD IV  
STREET ADDRESS 50 ROCKEFELLER PLAZA 2ND FLOOR  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE VP ☐ Change ☒ Addition  
NAME MACHADO, FRANK J.  
STREET ADDRESS 50 ROCKEFELLER PLAZA, 2ND FLOOR  
CITY-ST-ZIP NEW YORK, NEW YORK 10020

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: *Frank J. Machado*

FRANK J. MACHADO, VP

4/28/04

212 492 1100

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

Date

Daytime Phone #