


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90065 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	05042005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 13-3912578				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAREY, WILLIAM P 50 ROCKEFELLER PLAZA 2ND FLOOR NEW YORK, NY 10020 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MACHADO, FRANK J. 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NEW YORK 10020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAREY, FRANCIS J 50 ROCKEFELLER PLAZA 2ND FLOOR NEW YORK, NY 10020 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUGAN, GORDON F 50 ROCKEFELLER PLAZA 2ND FLOOR NEW YORK, NY 10020 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP STODDARD, GEORGE E 50 ROCKEFELLER PLAZA 2ND FLOOR NEW YORK, NY 10020 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKELSON, DONALD E 50 ROCKEFELLER PLAZA 2ND FLOOR NEW YORK, NY 10020 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABER, EBERHARD IV 50 ROCKEFELLER PLAZA 2ND FLOOR NEW YORK, NY 10020 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Frank J. Machado</i>			FRANK J. MACHADO, VICE PRESIDENT		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small> 6/28/05 <small>Daytime Phone #</small> 212 442 1100		