


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90021 046 \*\*\*\*50.00

<b>DOCUMENT # M01000001042</b>		
1. Entity Name <b>W.P. CAREY &amp; CO. LLC</b>		

Principal Place of Business <b>50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</b>	Mailing Address <b>50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</b>
--	--

**20038355**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03232006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>13-3912578</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		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	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

**Filing Fee is \$50.00  
Due by May 1, 2006**

**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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAREY, FRANCIS J 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	PD DUGAN, GORDON F 50 ROCKEFELLER PLAZA 2ND FLOOR NEW YORK, NY 10020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT YASMIN GUERRERO 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NEW YORK 10020-1605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP STODDARD, GEORGE E 50 ROCKEFELLER PLAZA 2ND FLOOR NEW YORK, NY 10020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TREASURER ANSON S. WONG 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NEW YORK 10020-1605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACHADO, FRANK J 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 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:** Anson Wong ANSON S. WONG, ASSISTANT TREASURER

4/20/2006

212-492-1100

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

Date

Daytime Phone #