

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**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**



04142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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**

U000000946688  
05/30/08-80057-007 138.75

**MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CAREY, WILLIAM P 50 ROCKEFELLER PLAZA 2ND FLOOR NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP GUERRERO, YASMIN 50 ROCKEFELLER PLAZA 2ND FLOOR NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DUGAN, GORDON F 50 ROCKEFELLER PLAZA 2ND FLOOR NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AT WONG, ANSON S 50 ROCKEFELLER PLAZA 2ND FLOOR NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FABER, EBERHARD IV 50 ROCKEFELLER PLAZA 2ND FLOOR NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, Assistant Treasurer* *Anson Wong, Asst Treasurer*

*4/21/08*

*212 492 1100*

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

Date

Daytime Phone #