


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90421 019 ****50.00

DOCUMENT # M02000003005					
1. Entity Name TIAA BAY ISLE KEY II, LLC					
Principal Place of Business 730 THIRD AVENUE, 9TH FLOOR NEW YORK NY 10017			Mailing Address 730 THIRD AVENUE, 9TH FLOOR NEW YORK NY 10017		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2305820	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOMERS, JOHN A		NAME		
STREET ADDRESS	730 THIRD AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10017		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUIK, JOSEPH W		NAME		
STREET ADDRESS	730 THIRD AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10017		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADANSKI, RICHARD J		NAME	Gary Chinery	
STREET ADDRESS	730 THIRD AVE		STREET ADDRESS	730 Third Avenue, New York, NY 10017	
CITY-ST-ZIP	NEW YORK NY 10017		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAMM, CHARLES H		NAME		
STREET ADDRESS	730 THIRD AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10017		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARBUTT, THOMAS C		NAME		
STREET ADDRESS	730 THIRD AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10017		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SERLEN, MARK L		NAME		
STREET ADDRESS	730 THIRD AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10017		CITY-ST-ZIP		

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MOORE CR2E083 (11/03)

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: Mark L. Serlen **Mark L. Serlen** 4/12/04 **(212) 916-4256**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #