## 2004 LIMITED LIABILITY COMPANY

## Mar 15, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # M02000003096 1. Entity Name 03-15-2004 90441 001 \*\*\*650.00 WATERMARK 6000 APARTMENTS INVESTORS LLC Principal Place of Business Mailing Address C/O UBS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD CT 06103-1212 C/O UBS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD CT 06103-1212 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 43-1986602 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Street Address (P.O. Box Number is Not Acceptable) City 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 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 MGR Delete TITLE ☐ Change Addition NAME UBS REALTY INVESTORS LLC NAME STREET ADDRESS 242 TRUMBULL STREET STREET ADDRESS CITY-ST-ZIP HARTFORD CT 06103-1212 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

AGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CfTY-ST-ZiP

UBS REALTY INVESTORS LLC, Manager

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

02/05/2004

860 616-9015

☐ Change

Addition

Daytime Phone #

**FILED**