

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90047 001 \*\*\*900.00

**DOCUMENT # M02000003096**

1. Entity Name  
**WATERMARK 6000 APARTMENTS INVESTORS LLC**



Principal Place of Business  
**C/O UBS REALTY INVESTORS LLC  
242 TRUMBULL STREET  
HARTFORD, CT 06103-1212**

Mailing Address  
**C/O UBS REALTY INVESTORS LLC  
242 TRUMBULL STREET  
HARTFORD, CT 06103-1212**

**3000484Z**



04142005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>43-1986602</b>	Applied For Not Applicable
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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**

**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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR UBS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD, CT 061031212</b>
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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.

**UBS REALTY INVESTORS LLC, Manager**

**SIGNATURE:**

**4/15/2005 (860) 616-9158**

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

Date

Daytime Phone #

**Thomas J. O'Shea, Secretary**