## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M02000003096

1. Entity Name

NAME

STREET ADDRESS

CITY-ST-ZIP

## WATERMARK 6000 APARTMENTS INVESTORS LLC



Feb 10, 2003 8:00 am Secretary of State

**FILED** 

Principal Place of Business

C/O UBS REALTY INVESTORS LLC 242 TRUMBULL STREET Mailing Address

C/O UBS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD CT 06103-1212

HARTFORD CT 06103-1212		HARTFORD CT 06103-1212									
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	9		City & State			4. FEI Numl 43–1986	APPLIED F	<del>OR</del>		plied For t Applicable	
Zip Country			Zip Countr		itry	5. Certificat	e of Status Desired		55.00 Add ee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
				<del></del> -	Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301					Street Address (P.O. Box Number is Not Acceptable)						
					City				Zip Code	•	
					City			FL	Zip code	<b>'</b>	
the obligati	ions of regist		r the purpose of changing i		ed office or regis		oth, in the State of Fio	DATE	armiliar with, a	and accept	
	Signature, typed	or printed name or registered agent a	and title it applicable. (No.	TIE, Hegistere	O Agent signature requ	med Wildin Islanding)	<del></del>		-,,		
			Make Check Paya	ble to Fi	FEE IS \$50.0 orida Departn ay 1, 2003						
9. MANAGING MEMBERS/MANAGERS 10							ADDITIONS/	CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	242 TRU	ALTY INVESTORS LLC MBULL STREET RD CT 06103-1212	☐ Delete		1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TIMIT	0 0000 12.12	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					,	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			,			Change	☐ Addition	
TITLE		1677	☐ Delete	TITL	E				Change	☐ Addition	

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

UBS REALTY INVESTORS LLC, its Manager

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

1/21/03

(860) 616-9015

Daytime Phone #

CR2E083