2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jun 21, 2004 8:00 am **Secretary of State** DOCUMENT # M02000003099 06-02-2004 90342 009 ****50.00 NEWPORT COLONY APARTMENTS INVESTORS LLC Principal Place of Business Mailing Address REALTY INVESTOR LLC REALTY INVESTOR LLC 34008792 242 TRMBULL ST. 242 TRMBULL ST. HARTFORD, CT 06103-1212 HARTFORD, CT 06103-1212 2. Principal Place of Business 3. Mailing Address c/o UBS Realty Investors c/o UBS Realty Investors Suite, Apt. #, etc. 242 Trumbull St. Suite, Apt. #, etc. 04282004 CR2E083 (10/03) Chg-LLC 242 Trumbull St. Applied For City & State 4. FFI Number City & State 4 Hartford, CT 43-1986599 Not Applicable Hartford, CT \$5.00 Additional Zip 06103-1212 Country Zip 06103-1212 5. Certificate of Status Desired USÁ USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Accoptable) -1201 HAYS STREET-TALLAHASSEE, FL 32301-2525 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 Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Q. TITLE ☐ Change ☐ Addition TITLE . ☐ Delete NAME **UBS REALTY INVESTORS LLC** MALE STREET ADDRESS 242 TRUMBULL STREET STREET ADDRESS CITY-ST-ZIP HARTFORD, CT 061031212 CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-712 CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Change --- - Addition -TITLE: Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Chance Delete TITLE NALC: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), 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 each; 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.

FILED

4/29/2004

TBS Realty Tilvestors LEC; Manager

(860) 661-9000