




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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|--|---|---|--|---|--|---|--|
| DOCUMENT # M02000003099 1. Entity Name NEWPORT COLONY APARTMENTS INVESTORS LLC | | | |  | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 MAY -1 AM 9:17 | |
| Principal Place of Business % UBS REALTY INVESTORS 242 TRUMBULL ST. HARTFORD, CT 06103-1212 | | | | Mailing Address % UBS REALTY INVESTORS 242 TRUMBULL ST. HARTFORD, CT 06103-1212 | | | |
| 2. Principal Place of Business c/o UBS Realty Investors LLC Suite, Apt. #, etc. 242 Trumbull St. | | 3. Mailing Address c/o UBS Realty Investors LLC Suite, Apt. #, etc. 242 Trumbull St. | | 02162006 Chg-LLC CR2E083 (11/05) | |  | |
| City & State Hartford, CT | | City & State Hartford, CT | | 4. FEI Number 43-1986599 | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 06103-1212 | | Country | | Zip 06103-1212 | | Country | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR UBS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD, CT 061031212 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">400074151244</div> <div style="text-align: center;">05/08/06--01016--027 *\$200.00</div> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  3/21/2006 (860) 616-9000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | | | |
| Thomas J. O'Shea, Secretary of UBS Realty Investors LLC, its Manager | | | | | | | |