2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT FILEU **DOCUMENT # M02000003109** SECRETARY OF STATE 1. Entity Name DIVISION OF CORPORATIONS LAKES OF MARGATE APARTMENTS INVESTORS LLC 06 MAY -1 AM 9: 16 Principal Place of Business Mailing Address % UBS REALTY INVESTORS LLC % UBS REALTY INVESTORS LLC 242 TRUMBULL STREET 242 TRUMBULL STREET HARTFORD, CT 06103-1212 HARTFORD, CT 06103-1212 02162006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 43-1986596 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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) DATÉ Filing Fee is \$50.00 Due by May 1, 2006 ŧ, 1 2 MANAGING MEMBERS/MANAGERS 9. TITLE NAME **UBS REALTY INVESTORS LLC** STREET ADDRESS 242 TRUMBULL STREET HARTFORD, CT 061031212 CITY-ST-71P 200074151182 05/08/06--01016--027 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:	12081	3/01/0006	(860).616.0000
SIGNATURE AND TYPED	or PRINTED HAME OF SIGNING MANAGING MEMBER OF AUTHORY	The REPRESENTATIVE LICE ITS Manager	Daytime Phone #