

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90157 001 *1,387.50

DOCUMENT # M02000003110

1. Entity Name
BAYPORT PLAZA INVESTORS LLC



Principal Place of Business
% UBS REALTY INVESTORS LLC
242 TRUMBULL STREET
HARTFORD, CT 06103-1212

Mailing Address
% UBS REALTY INVESTORS LLC
242 TRUMBULL STREET
HARTFORD, CT 06103-1212

30005528



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
43-1986606

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ **Delete**
NAME **UBS REALTY INVESTORS LLC**
STREET ADDRESS **242 TRUMBULL STREET**
CITY-ST-ZIP **HARTFORD, CT 061031212**

TITLE **MGRM** ☐ **Change** ☒ **Addition**
NAME **TPF Equity REIT Operating Partnership LP**
STREET ADDRESS **242 Trumbull Street, 4th Floor**
CITY-ST-ZIP **Hartford, CT 06103-1212**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Steven M. Kapiloff April 10, 2008 (860) 616-9012

Date

Daytime Phone #