


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90021 047 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # M02000003445</b>                 |  |
| 1. Entity Name<br><b>WELL-PROP (MULTI) LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>50 ROCKEFELLER PLAZA, 2ND FL<br/>NEW YORK, NY 10020</b> | Mailing Address<br><b>50 ROCKEFELLER PLAZA, 2ND FL<br/>NEW YORK, NY 10020</b> |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



03232006 Chg-LLC CR2E083 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>16-1644075</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00 Additional Fee Required</b> |
|---|---------------------------------------|

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b> |  | 7. Name and Address of New Registered Agent        |  |
|   |  | Name   |  |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|   |  | City   |  |
|   |  | <b>FL</b> 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 _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HAMRICK, STEPHEN<br>50 ROCKEFELLER PLAZA, 2ND FL<br>NEW YORK, NY 10020 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>LAPUMA, EDWARD V<br>50 ROCKEFELLER PLAZA, 2ND FL<br>NEW YORK, NY 10020 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SOVAK, W. SEAN<br>50 ROCKEFELLER PLAZA, 2ND FL<br>NEW YORK, NY 10020 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ZACHARIAS, THOMAS<br>50 ROCKEFELLER PLAZA, 2ND FL<br>NEW YORK, NY 10020 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR, ASSISTANT TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>ANSON S. WONG<br>50 ROCKEFELLER PLAZA, 2ND FLOOR<br>NEW YORK, NEW YORK 10020-1605 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>PARK, JOHN J<br>50 ROCKEFELLER PLAZA, 2ND FL<br>NEW YORK, NY 10020 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GUERRERO, YASMIN<br>50 ROCKEFELLER PLAZA, 2ND FL<br>NEW YORK, NY 10020 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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.

|   |  |                  |                     |
|---|--|------------------|---------------------|
| <b>SIGNATURE:</b> <u>Anson Wong</u>   | <b>ANSON S. WONG, ASSISTANT TREASURER, MGR</b> | <b>4/20/2006</b> | <b>212-492-1100</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |  | Date             | Daytime Phone #     |