

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # M02000003445

1. Entity Name
WELL-PROP (MULTI) LLC



Principal Place of Business
**50 ROCKEFELLER PLAZA, 2ND FL
NEW YORK, NY 10020**

Mailing Address
**50 ROCKEFELLER PLAZA, 2ND FL
NEW YORK, NY 10020**



04142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1644075

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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)

DATE _____

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

U000000935876
05/23/08-80088-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WONG, ANSON W 50 ROCKEFELLER PLAZA, 2ND FL NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAPUMA, EDWARD V 50 ROCKEFELLER PLAZA, 2ND FL NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, BENJAMIN P 50 ROCKEFELLER PLAZA 2ND FLOOR NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZACHARIAS, THOMAS 50 ROCKEFELLER PLAZA, 2ND FL NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARK, JOHN J 50 ROCKEFELLER PLAZA, 2ND FL NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUERRERO, YASMIN 50 ROCKEFELLER PLAZA, 2ND FL NEW YORK, NY 10020

**DO NOT WRITE
IN THIS SPACE**

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: Anson Wong, Assistant Treasurer Anson Wong, Assistant Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

4/21/08

Daytime Phone #

212492 1100