


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # M02000003447</b> 1. Entity Name <b>WELL-MEZ (MULTI) LLC</b>	
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Principal Place of Business <b>50 ROCKEFELLER PLAZA, 2ND FL. NEW YORK, NY 10020</b>	Mailing Address <b>50 ROCKEFELLER PLAZA, 2ND FL. NEW YORK, NY 10020</b>
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**DO NOT WRITE IN THIS SPACE**



04142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>16-1644072</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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**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)

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

DATE  
**05/23/08-80088-004 138.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WELL (MULTI) QRS 15-17, INC. 50 ROCKEFELLER PLAZA, 2ND FL NEW YORK, NY 10020</b>
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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.

*By: Well (Multi) QRS 15-17, Inc.* *By: Georgia Politakis, Asst. Secty* *4-28-08*  
**SIGNATURE:** *By: Georgia Politakis, Asst. Secty* *212-492-1100*

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

Date

Daytime Phone #