

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


7/23/2004-90068-035-\$150.00-\$150.00
7/2 FILED

06 NOV 23 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

34010395

DOCUMENT # M03000000221
1. Entity Name
NGP REALTY SUB GP, LLC



Principal Place of Business
85 BROAD STREET
NEW YORK, NY 10004

Mailing Address
85 BROAD STREET
NEW YORK, NY 10004

2. Principal Place of Business
Investment Tax Group
Suite, Apt. #, etc.
10 Hanover Sq, 22 Fl
City & State
New York NY
Zip
10005 Country
USA

3. Mailing Address
Investment Tax Group
Suite, Apt. #, etc.
10 Hanover Sq, 22 Fl
City & State
New York NY
Zip
10005 Country
USA



03212003 Chg-LLC CR2E083 (10/03)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
quidred

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

7. Name and
Name
Street Address (P.O. Box Number)
City
Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and file # applicable (NOTE: Registered Agent signature required when necessary)

EIN
32-0051872

Filing Fee is \$80.00
Due by September 8, 2004

B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGORM NEW, NGOP LLC 85 BROAD STREET NEW YORK, NY 10004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER DAVID CASTELBLANCO 85 BROAD STREET NEW YORK NY 10004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER ALAN KAVA 85 BROAD STREET NEW YORK NY 10004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE: Mitchell S. Weiss Mitchell S. Weiss 6-24-04 2129021000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #