2004 LIMITED LIABILITY COMPANY

Jun 02, 2004 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT:# M03000001276 06-02-2004 90342 008 ****50.00 125 VIA D'ESTE APARTMENTS INVESTORS LLC Principal Place of Business Mailing Address 242 TRUMBULL STREET, C/O UBS REALTY INVEST 242 TRUMBULL STREET, C/O UBS REALTY INVEST 建性器 ORS LLC ORS LLC HARTFORD, CT 06103-1212 HARTFORD, CT 06103-1212 04282004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0511788 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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. 1 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 Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS MGR NAME **UBS REALTY INVESTORS LLC** STREET ADDRESS 242 TRUMBULL STREET HARTFORD, CT 061031212 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS

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 608, Florida Statutes. REALTY LAWESTORS LLC, its Manager

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4/29/2004

(860) 616-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEM BER. OR AUTHORIZED REPRESENTATIVE Matthew H. Lynch, Secretary

Daytime Phone #

FILED