

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002721

**FILED**  
**Apr 11, 2008**  
**Secretary of State**

**Entity Name:** CONTINENTAL 146 FUND LLC

**Current Principal Place of Business:**

400 EAST CARY STREET  
RICHMOND, VA 23219

**New Principal Place of Business:**

1745 SHEA CENTER DRIVE  
SUITE 200  
HIGHLANDS RANCH, CO 80129

**Current Mailing Address:**

400 EAST CARY STREET  
RICHMOND, VA 23219 US

**New Mailing Address:**

1745 SHEA CENTER DRIVE  
SUITE 200  
HIGHLANDS RANCH, CO 80129

**FEI Number:** 75-3077127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** UDR CALIFORNIA PROPE, RTIES, LLC  
**Address:** 400 EAST CARY STREET  
**City-St-Zip:** RICHMOND, VA 23219

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** UDR CALIFORNIA PROPE, RTIES, LLC  
**Address:** 1745 SHEA CENTER DRIVE, SUITE 200  
**City-St-Zip:** HIGHLANDS RANCH, CO 80129

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** DIANNE C DEMENTI

AS

04/11/2008

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date