

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003070

1. Entity Name
2450 LAKE DEBRA ROAD APARTMENTS INVESTORS
LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:16

Principal Place of Business
C/O UBS REALTY INVESTORS LLC
242 TRUMBULL STREET
HARTFORD, CT 06103-1212

Mailing Address
C/O UBS REALTY INVESTORS LLC
242 TRUMBULL STREET
HARTFORD, CT 06103-1212

DO NOT WRITE IN THIS SPACE



02162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
05-0582165

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UBS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD, CT 061031212
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05/08/06--01016--027 **300.00

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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:

Thomas J. O'Shea
Thomas J. O'Shea, Secretary of UBS Realty Investors LLC, Its Manager

3/21/2006 (860) 616-9000

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

Date

Daytime Phone #