2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000001159

1. Entity Name

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3901 GARDEN PLAZA 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



02162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
75-3145623		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

DO NOT WRI

	SSEE, FL 32301-2525	IN THIS SPACE
	named entity submits this statement for the purpose of cha tions of registered agent.	inging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
Fi	Signature, typed or printed name of registered agent and title if applicable. Illing Fee is \$50.00 ue by May 1, 2006	(NOTE: Registered Agent signature required when reinstating) DATE
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UBS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD, CT 061031212	000074151100
TITLE NAME STREET ADDRESS CITY+ST-ZIP		05/08/0601016027 ***900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:	3/21/2006	(860) 616-9000
SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING MARKETING MEMBER, OF AUTHORIZED HE	PRESENTATIVEC, ILS IVIAITA 9E1 Date	Davtime Phone #