

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90046 037 ****50.00

DOCUMENT # M04000002325

1. Entity Name

WEST PORT COLONY INVESTORS LLC



Principal Place of Business

C/O CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

Mailing Address

C/O CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324



2. Principal Place of Business

190 112th AVENUE N.

3. Mailing Address

230 PARK AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12th FLOOR

City & State

ST. PETERSBURG, FL

City & State

NEW YORK, NY

Zip

33716

Country

USA

Zip

10169

Country

USA

4. FEI Number

73-1708841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME CLARION PARTNERS, LLC
STREET ADDRESS 601 THIRTEENTH ST, NW, STE 450
CITY-ST-ZIP WASHINGTON DC 20005

TITLE MGR ☐ Delete
NAME CLARION PARTNERS
STREET ADDRESS 230 PARK AVENUE, 12th FLOOR
CITY-ST-ZIP NEW YORK, NY 10169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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:

DAN REIS

[Signature]

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

Date

Daytime Phone #