

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 01, 2005 8:00 am**  
**Secretary of State**

07-01-2005 90065 030 \*\*\*\*50.00

**DOCUMENT # M04000003296**

1. Entity Name  
QRS 11-12 (FL), LLC



Principal Place of Business  
50 ROCKEFELLER PLAZA, 2ND FLOOR  
NEW YORK, NY 10020

Mailing Address  
50 ROCKEFELLER PLAZA, 2ND FLOOR  
NEW YORK, NY 10020

20060852

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



05042005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
APPLIED FOR 20-1440340

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by September 7, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR W. P. CAREY & CO. LLC 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

**SIGNATURE:** *By W.P. Carey & Co. LLC* BY: W. P. CAREY & CO. LLC  
*By Frank J. Machado* BY: FRANK J. MACHADO, VICE PRESIDENT

0/28/05 212 492 1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #