### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 08:00 AM Secretary of State

**DOCUMENT # M04000003343** 

1. Entity Name QRS 10-18 (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



04142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-1418003

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 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of che the obligations of registered agent.</li></ol>	anging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and trie if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		U00000935868 05/23/08-80088-021 138.75
MANAGING MEMBERS (MANAGERS		

#### MGR TITLE W. P. CAREY & CO. LLC NAME STREET ADDRESS 50 ROCKEFELLER PLAZA, 2ND FLOOR CITY-ST-ZIP NEW YORK, NY 10020 TIFLE STREET ADDRESS CITY ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

# DO NOT WRITE 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.

By: W.P. Carcy & LO. LLC

By: W.P. Carey & Co. LLC

4121108

SIGNATURE: By auton wong, aust Theeswar By: Anson Wong, Assistant Traisurer 212492 1100

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

Date

Daytime Phone #