

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M06000005210

1. Entity Name
LT LANDLORD (MN-FL) LLC



Principal Place of Business
C/O W.P. CAREY & CO. LLC
50 ROCKEFELLER PLAZA, 2ND FLOOR
NEW YORK, NY 10020

Mailing Address
C/O W.P. CAREY & CO. LLC
50 ROCKEFELLER PLAZA, 2ND FLOOR
NEW YORK, NY 10020



04142008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5605615	Applied For Not Applicable
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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000935874
05/23/08-80088-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LT MANAGER (MN-FL) QRS 15-88, INC. 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020
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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.

By: LT Manager (MN-FL) QRS 15-88, Inc.

By: LT Manager (MN-FL) QRS 15-88, Inc.

4/21/08

SIGNATURE: By: Quorn Wang, Assistant Treasurer By: Anson Wong, Asst Treasurer

212 492 1100

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

Date

Daytime Phone #