


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000005793 1. Entity Name 1863 WELLS ASSOCIATES, LLC	
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Principal Place of Business 70 PINE STREET NEW YORK, NY 10270	Mailing Address 70 PINE STREET NEW YORK, NY 10270
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DO NOT WRITE IN THIS SPACE

FILED

07 APR 26 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



04232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RESIDENTIAL INVESTMENTS C, LLC 70 PINE STREET NEW YORK, NY 10270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Elizabeth M. Tuck* Date: 4/24/07 Daytime Phone # _____

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

Directors / Officers Report

As of 4/25/2007

1863 Wells Associates, LLC

Address for all: 70 Pine Street
New York, NY 10270

Officers

Kevin Paul Fitzpatrick	President	Effective 10/16/2006
Richard J. D'Alessandri	Vice President	10/16/2006
Joel Howard Hammer	Vice President	10/16/2006
Nora E. Miller	Vice President	10/16/2006
Peter George Seeley	Vice President	10/16/2006
Richard J. D'Alessandri	General Counsel	10/16/2006
Elizabeth Margaret Tuck	Secretary	10/16/2006
Valerie-Saun Alerte	Assistant Secretary	10/16/2006
Amy Marie Cinquegrana	Assistant Secretary	10/16/2006
Robert Alex Gender	Treasurer	10/16/2006
Joel Howard Hammer	Comptroller	10/16/2006

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CORPORATION SERVICE COMPANY

M0600000 5793

ACCOUNT NO. : 072100000032

REFERENCE : 869012 4320171

AUTHORIZATION :

Sara Lea

COST LIMIT : \$ 50.00

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TALLAHASSEE, FLORIDA

ORDER DATE : April 25, 2007

ORDER TIME : 1:03 PM

ORDER NO. : 869012

CUSTOMER NO: 4320171

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ANNUAL REPORT FILING

NAME: 1863 WELLS ASSOCIATES, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 APR 26 PM 4: 26
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

BK

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____