

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005793

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: 1863 WELLS ASSOCIATES, LLC

**Current Principal Place of Business:**

70 PINE STREET  
NEW YORK, NY 10270

**New Principal Place of Business:**

**Current Mailing Address:**

70 PINE STREET  
NEW YORK, NY 10270

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RESIDENTIAL INVESTMENTS C, LLC  
Address: 70 PINE STREET  
City-St-Zip: NEW YORK, NY 10270

Title: P ( ) Delete  
Name: FITZPATRICK, KEVIN P  
Address: 277 PARK AVE.  
City-St-Zip: NEW YORK, NY 10172

Title: V ( ) Delete  
Name: D'ALLESANDRI, RICHARD J  
Address: 277 PARK AVE.  
City-St-Zip: NEW YORK, NY 10172

Title: V ( ) Delete  
Name: HAMMER, JOEL H  
Address: 277 PARK AVE.  
City-St-Zip: NEW YORK, NY 10172

Title: V ( ) Delete  
Name: MILLER, NORA E  
Address: 277 PARK AVE.  
City-St-Zip: NEW YORK, NY 10172

Title: S ( ) Delete  
Name: TUCK, ELIZABETH M  
Address: 277 PARK AVE.  
City-St-Zip: NEW YORK, NY 10172

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 TUCK

S

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date