2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# M06000005793

Entity Name: 1863 WELLS ASSOCIATES, LLC

Current Principal Place of Business:

70 PINE STREET
NEW YORK, NY 10270

New Principal Place of Business:

599 LEXINGTON AVENUE
24TH FL.
NEW YORK, NY 10022

Current Mailing Address:

70 PINE STREET
NEW YORK, NY 10270

New Mailing Address:

599 LEXINGTON AVENUE
24TH FL.
NEW YORK, NY 10022

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
Name: RESIDENTIAL INVESTMENTS C, LLC
Address: 599 LEXINGTON AVENUE, 24TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: P
Name: GIFFORD, ROBERT G
Address: 599 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: V
Name: D'ALLESANDRI, RICHARD J
Address: 599 LEXINGTON AVENUE, 24TH AVE
City-St-Zip: NEW YORK, NY 10022

Title: V
Name: HAMMER, JOEL H
Address: 599 LEXINGTON AVENUE, 24TH FL
City-St-Zip: NEW YORK, NY 10022

Title: T
Name: GENDER, ROBERT A
Address: 599 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: S
Name: ILARDI, ARTHUR
Address: 599 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 10022

I hereby 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 Statues.

SIGNATURE: ARTHUR ILARDI S 02/17/2011

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