2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005793

Entity Name: 1863 WELLS ASSOCIATES, LLC

FILED Feb 17, 2011 Secretary of State

Date

Current Principal Place of Business: New Principal Place of Business:

70 PINE STREET 599 LEXINGTON AVENUE NEW YORK, NY 10270 24TH FL.

NEW YORK, NY 10022

Current Mailing Address: New Mailing Address:

70 PINE STREET 599 LEXINGTON AVENUE NEW YORK, NY 10270 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: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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

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:

Name: HAMMER, JOEL H

Address: 599 LEXINGTON AVENUE, 24TH FL

City-St-Zip: NEW YORK, NY 10022

Title:

 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