~ 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M96000000243

1. Entity Name
UBS REALTY INVESTORS LLC



FILED
Mar 20, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

242 TRUMBULL STREET HARTFORD, CT 06103

242 TRUMBULL STREET HARTFORD, CT 06103



DO NOT WRITE IN THIS SPACE

03082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 06-1452020 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

		l l		
	named entity submits this statement for the purpose of cha tions of registered agent	anging its registere	d office or registered agent, or both	n, in the State of Florida I am familiar with, and accept
SIGNATURE.			 	DAJE
	Signature, typed or printed name of registered agent and (itle if applicable		Agant signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARI ACQUISITION CORPORATION 242 TRUMBULL ST. HARTFORD, CT 061031212			-
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000674102 03/29/07-80055-015 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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: 142054

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Thomas J. O'Shea, Secretary

3/12/2007

(860) 616-9158

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

Date

Daylime Phone #