2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M97000000605

1. Entity Name
NRE HOLDINGS, LLC

Principal Place of Business	Mailing Address
485 WEST PUTNAM AVENUE GREENWICH, CT 06830	C/O AEW CAPITAL MANAGEMENT TWO SEAPORT LANE BOSTON, MA 02210

DO NOT WRITE IN THIS SPACE

03112003 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
95-4522804	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by September 8, 2004

U00000172033
09/09/04-80007-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NATIONAL RE/SOURCES L.L.C.
STREET ADDRESS	485 WEST PUTNAM AVENUE
CITY-ST-ZIP	GREENWICH, CT 06830

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 9/8/04 (617) 261-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #