

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

002222

DOCUMENT # M97000000883**1. Entity Name**
NRE FINANCIAL HOLDINGS, LLC**FILED****03 SEP 22 PM 2:23****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**☐ CHECK HERE IF MAKING CHANGES**Principal Place of Business****485 WEST PUTNAM AVENUE
GREENWICH CT 06830****Mailing Address****C/O AEW CAPITAL MANAGEMENT
TWO SEAPORT LANE
BOSTON MA 02210****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 06-1501364

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NATIONAL RE/SOURCES L.L.C.
485 WEST PUTNAM AVENUE
GREENWICH CT 06830☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
500023398495
09/29/03--01029--025 **50.00☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
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CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
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NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**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:** *[Signature]* **REQUIRED**

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

Date

Daytime Phone #

9/18/03

617-261-9273

CR2E083 (4/03)