

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # M98000000115

00 JUN 26 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name

485 Properties, LLC  
730 Third Avenue - 9th FL.  
New York, NY 10017

400003315794--B  
-07/07/00--01013--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

Principal Place of Business

Mailing Address

730 Third Avenue  
New York, NY 10017

Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3987258

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  
1200 South Pine, Island Road  
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.

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 Department of State**

9. MANAGING MEMBERS/ ~~MEMBERS~~

10. ADDITIONS/CHANGES

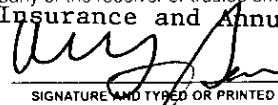
| 9. MANAGING MEMBERS/ <del>MEMBERS</del>  | 10. ADDITIONS/CHANGES  |
|--|--|
| TITLE NAME <input type="checkbox"/> Delete<br>STREET ADDRESS<br>CITY-ST-ZIP<br>Teachers Insurance and Annuity Association of America<br>730 Third Ave., New York, NY 10017 | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE NAME <input type="checkbox"/> Delete<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE NAME <input type="checkbox"/> Delete<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
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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.

Teachers Insurance and Annuity Association of America

BY:

SIGNATURE:



Mark L. Serlen, Sr. Counsel

5/19/00

(212) 916-4256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #