

**2000 UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

00 APR -3 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*rg 4/18*



DO NOT WRITE IN THIS SPACE

DOCUMENT # **M98000000669**

1. Entity Name  
**CARLYLE CLUB APARTMENTS INVESTORS LLC**

Principal Place of Business C/O ALLEGIS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD CT 06103	Mailing Address C/O ALLEGIS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD CT 06103-1213
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2. Principal Place of Business <b>UBS Brinson Realty Investors LLC</b> Suite, Apt. #, etc. 242 Trumbull St.	3. Mailing Address <b>UBS Brinson Realty Investors LLC</b> Suite, Apt. #, etc. 242 Trumbull St.
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City & State <b>Hartford, CT 06</b>	City & State <b>Hartford, CT</b>	4. FEI Number <b>06-1524498</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>06103-1212</b>	Country	Zip <b>06103-1212</b>	Country

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEGIS REALTY INVESTORS, LLC 242 TRUMBULL STREET HARTFORD CT 06103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UBS Brinson Realty Investors LLC 242 Trumbull St. Hartford, CT 06103-1212	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500003224315--1</b> <b>-04/26/00--01019--027</b> <b>*****55.00 *****55.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Matthew H. Lynch* **REQUIRED** 3/28/00 860/275-3920  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #  
**Matthew H. Lynch, Secretary**

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CR2E083 (9/99)