## 2004 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

## **FILED** Mar 15, 2004 8:00 am **ANNUAL REPORT (AR) Secretary of State** DOCUMENT # M98000001113 1. Entity Name 03-15-2004 90441 001 \*\*\*650.00 3365 ENTERPRISE AVENUE INVESTORS LLC Principal Place of Business Mailing Address UBS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD CT 06103-1212 UBS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD CT 06103-1212 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State Applied For City & State 4. FEI Number 06-1526171 Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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 it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete ☐ Change ☐ Addition NAME UBS REALTY INVESTORS LLC NAME STREET ADDRESS 242 TRUMBULL STREET STREET ADDRESS CITY-ST-7IP HARTFORD CT 06103 CITY-ST-7IP Delete TITLE TIME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [7] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. Thereby certify that the information supplied with this filling 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.

UBS REALTY INVESTORS LLC, Manager

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Change

■ Addition

TITLE

NAME

☐ Delete

02/05/2004 860 616-9015 NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #