## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND THEO OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## DOCUMENT # M98000001113

1. Entity Name



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

3365 ENT	TERPRISE AVENUE INVEST	TORS LLC				UB APK Z	5 PM 12:	14	
Principal Place of Business UBS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD, CT 06103-1212		Mailing Address UBS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD, CT 06103-1212			E 46106 10111 10111 26111 0	 	 	<b>38</b> 1 811 <b>8361</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	04092008	Chg-LLC	CR2E08	33 (12/06)	
City & State		City & State			4. FEI Numb 06-152				plied For t Applicable
Zìp	Country	Zip	Country		5. Certificate	of Status Desired		5.00 Add ee Required	
	6. Name and Address of Current R	legistered Agent	None		7. Name and	Address of New	Registered A	gent	
CORPORATE SERVICE COMPANY		Name							
1201 HAYS STREET TALLAHASSEE, FL 32301		Street Address		ddress (F	(P.O. Box Number is Not Acceptable)				
•			City	•			FL	Zip Code	•
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or	registere	ad agent, or bo	th, in the State of I	Florida. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signatu	ke tedrikeq	when reinstating)		DATE		
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75						ake check pa da Departme		•
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITION	S/CHANGES		·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UBS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD, CT 06103	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	242 Tn				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11411101	<u>u, 01 00102</u>			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		€	900125 25/08010	5 <b>75</b> 2 102012	□ Change 3 <b>□</b> 9 **11	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE, NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
indicated	certify that the information supplied with to on this report is true and accurate and to bility company or the receiver or trustee	hat my signature shall have th	e same legal effe	ct as if m	ade under oath	n; that I am a man	further certify aging member	that the informanage	rmation r of the

Steven M. Kapiloff

April 10, 2008

Date

(860) 616-9012

Daytime Phone #