2004 LIMITED LIABILITY COMPANY . ANNUAL REPORT

DOCUMENT # M99000001161

1. Entity Name

NAME STREET ADDRESS CITY-ST-ZIP

THE VININGS AT DELRAY BEACH APARTMENTS INVESTORS LLC



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business

C/O UBS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD, CT 06103-1212 Mailing Address

C/O UBS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD, CT 06103-1212



DO NOT WRITE IN THIS SPACE 04072004No Chg-LLC

Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1552393

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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				
Filing Fee is \$50.00 Due by May 1, 2004				U30000147879 OS/03/04-80124-022 50.00
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UBS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD, CT 061031212			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		i		
TITLE				

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 it 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: Muthew H. Lynch

4/7/2004

(860) 616~9000

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

Daytime Phone #