

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M99000001161

1. Entity Name  
THE VININGS AT DELRAY BEACH APARTMENTS  
INVESTORS LLC



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 25 PM 12: 14

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092008 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$138.75  
After May 1, 2008 Fee will be \$538.75

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete  
NAME UBS REALTY INVESTORS LLC  
STREET ADDRESS 242 TRUMBULL STREET  
CITY-ST-ZIP HARTFORD, CT 061031212

TITLE MGRM ☐ Change ☒ Addition  
NAME TPF Equity REIT Operating Partnership LP  
STREET ADDRESS 242 Trumbull Street, 4th Floor  
CITY-ST-ZIP Hartford, CT 06103-1212

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100125752201  
04/25/08--01002--012 \*\*1171.25

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *SLK*

Steven M. Kapiloff

April 10, 2008

(860) 616-9012

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

Date

Daytime Phone #