


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90112 018 ***150.00

DOCUMENT # P9600023157

1. Entity Name
SONIA LEE INVESTMENTS, INC.



Principal Place of Business Mailing Address

% UBS REALTY INVESTORS LLC **% UBS REALTY INVESTORS LLC**
51 WEST 52ND ST-14TH FLR **51 WEST 52ND ST-14TH FLR**
NEW YORK, NY 10019 **NEW YORK, NY 10019**

50026133



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03042005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

22-3446321 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HAUNSS, HENREY W JR.	
STREET ADDRESS	51 WEST 52ND ST-14TH FLR	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DECKER, FRANCIS J	
STREET ADDRESS	51 WEST 52ND ST-14TH FLR	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	VST	<input type="checkbox"/> Delete
NAME	FEINBERG, STUART	
STREET ADDRESS	51 WEST 52ND ST-14TH FLR	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALHOMAIZI, SINA KHALED A	
STREET ADDRESS	299 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NY 101710023	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALHOMAIZI, SABA KHALED A	
STREET ADDRESS	299 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NY 101710023	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALHOMAIZI, SERENE KHALED A	
STREET ADDRESS	299 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NY 101710023	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stuart Feinberg VP* Date: *3/14/05* Daytime Phone #: *212-882-5538*