


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90020 010 \*\*\*150.00

<b>DOCUMENT # P96000023157</b>	
1. Entity Name SONIA LEE INVESTMENTS, INC.	

Principal Place of Business % UBS REALTY INVESTORS LLC 242 TRUMBULL ST. HARTFORD, CT 06103-1212	Mailing Address % UBS REALTY INVESTORS LLC 242 TRUMBULL ST. HARTFORD, CT 06103-1212
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40043851



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

03122007 Chg-P CR2E034 (12/06)

4. FEI Number 22-3446321	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINBERG, STUART		NAME		
STREET ADDRESS	51 WEST 52ND ST-14TH FLR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALHOMAIZI, SINA KHALED A		NAME		
STREET ADDRESS	299 PARK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 101710023		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALHOMAIZI, SABA KHALED A		NAME		
STREET ADDRESS	299 PARK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 101710023		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALHOMAIZI, SERENE KHALED A		NAME		
STREET ADDRESS	299 PARK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 101710023		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUDERAU, JAMES P JR		NAME		
STREET ADDRESS	242 TRUMBULL ST 4TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	HARTFORD, CT 061031212		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBONE, CHRISTOPHER J		NAME		
STREET ADDRESS	51 WEST 2ND ST 14TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP		

12. 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 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:** *James P. Bouderau, Jr.* James P. Bouderau, Jr. 3/13/2007 (860) 616-9154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #