


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90184 038 ***150.00

DOCUMENT # P99000006635	
1. Entity Name 880 Mandalay Avenue Inc.	

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11010263

2. Principal Place of Business c/o ING Clarion Partners, 230 Park Ave.		3. Mailing Address c/o ING Clarion Partners, 230 Park Ave., NY, NY 10169	
Suite, Apt. #, etc. 12th Floor		Suite, Apt. #, etc. 12th Floor	
City & State New York, NY		City & State New York, NY	
Zip 10169	Country USA	Zip 10169	Country USA

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DO NOT WRITE IN THIS SPACE	4. FEI Number 13-4046808		Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable)			
1201 Hays Street			
City Tallahassee		FL	Zip Code 32301-2525

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. * Attachment		OFFICERS AND DIRECTORS	
TITLE	P/D	TITLE	
NAME	Stephen J. Furnary	NAME	
STREET ADDRESS	c/o Clarion Partners, 230 Park Ave.	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10169	CITY-ST-ZIP	
TITLE	Executive V/D	TITLE	
NAME	Frank L. Sullivan, Jr.	NAME	
STREET ADDRESS	c/o Clarion Partners, 230 Park Ave.	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10169	CITY-ST-ZIP	
TITLE	Executive V/D	TITLE	
NAME	Charles Grossman	NAME	
STREET ADDRESS	c/o Clarion Partners, 230 Park Ave.	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10169	CITY-ST-ZIP	
TITLE	V/S/T	TITLE	
NAME	Peter H. Zappulla	NAME	
STREET ADDRESS	c/o Clarion Partners, 230 Park Ave.	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10169	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Sherry Freitas	NAME	
STREET ADDRESS	Riverwood 100 Bldg., 3350 Riverwood Pkwy.	STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30339	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Douglas J. Bowen	NAME	
STREET ADDRESS	c/o Clarion Partners, 230 Park Ave.	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10169	CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	Stephen J. Furnary, President & Director	212-883-2500
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone</small>

CR2E034B (12/02)

