


**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.



**DO NOT WRITE IN THIS SPACE**

11010263

2. Principal Place of Business <b>c/o ING Clarion Partners, 230 Park Ave.</b>		3. Mailing Address <b>c/o ING Clarion Partners, 230 Park Ave., NY, NY 10169</b>		4. FEI Number <b>13-4046808</b>		Applied For <input type="checkbox"/>
Suite, Apt. #, etc. <b>12th Floor</b>		Suite, Apt. #, etc. <b>12th Floor</b>		DO NOT WRITE IN THIS SPACE		Not Applicable
City & State <b>New York, NY</b>		City & State <b>New York, NY</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip <b>10169</b>	Country <b>USA</b>	Zip <b>10169</b>	Country <b>USA</b>			

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<p>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</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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10. * Attachment		OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Stephen J. Furnary c/o Clarion Partners, 230 Park Ave. New York, NY 10169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive V/D Frank L. Sullivan, Jr. c/o Clarion Partners, 230 Park Ave. New York, NY 10169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive V/D Charles Grossman c/o Clarion Partners, 230 Park Ave. New York, NY 10169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/T Peter H. Zappulla c/o Clarion Partners, 230 Park Ave. New York, NY 10169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Sherry Freitas Riverwood 100 Bldg., 3350 Riverwood Pkwy. Atlanta, GA 30339	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Douglas J. Bowen c/o Clarion Partners, 230 Park Ave. New York, NY 10169	TITLE 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 on an attachment with an address, with all other like empowered.

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

CR2E034B (12/02)

