

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A05332**

1. Entity Name
SB PARTNERS, LTD.

Principal Place of Business
**666 FIFTH AVENUE
NEW YORK NY 10103**

Mailing Address
**666 FIFTH AVENUE
NEW YORK NY 10103-0001**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-6294787**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



FILED

00 FEB 15 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBR 85870001 NY

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$5,861,363.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 495,000**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P02962 SB PARTNERS REAL ESTATE CORPORATION 666 FIFTH AVENUE, 26TH FLOOR NEW YORK NY 10103
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Michael J. Henry **SIGNATURE REQUIRED** **1/10/00** **(212) 408-2900**
Date Daytime Phone #
Michael J. Henry, Vice President + Secretary

CR2E003 (9/99)