2001 UNIFORM BUSINESS REPORT (UBR)

C15606 AF

DOCUMENT # A08931

1. Entity Name

SUNSIDE ASSOCIATES, LTD.

FILED
01 MAR 19 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% HAROLD GREENBERG. ESQ. 600 THIRD AVE.. 31ST FLOOR NEW YORK NY 10016	% HAROLD GREENBERG. ESQ. 600 THIRD AVE.. 31ST FLOOR NEW YORK NY 10016

DO NOT WRITE IN THIS SPACE

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 58-1435077 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, HARRY B ESQ. RUDEN BARNETT MCCLOSKY SMITH SCHUSTER ETAL 701 BRICKELL AVE., SUITE 1900 MIAMI FL 33131	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$100.00		

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: KUTNER, STEPHEN 35 SAGE TERRACE CITY-ST-ZIP: SCARSDALE NY	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME: NEW GENERAL PARTNER: STREET ADDRESS: Parkadon Development, LLC c/o Michael Greenberg CITY-ST-ZIP: 15 Charles Street New York, NY 10014 AMENDMENT FILED 12/05/00!	STREET ADDRESS: c/o 400003891014--3 -03/21/01--01097--010 CITY-ST-ZIP: ****141.25 ****141.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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CR2E003 (11/00)

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; 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: SIGNATURE REQUIRED 1/19/01 Michael Greenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # (212)620-7087