2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
02 MAR 11 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A08931

1. Entity Name

SUNSIDE ASSOCIATES, LTD.

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $100.00

10. Amount of Capital Contributions in FLORIDA to date.

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	M00000002474 PARKADON DEVELOPMENT, LLC 15 CHARLES STREET NEW YORK NY 10014	STREET ADDRESS CITY-ST-ZIP	300005108253--2 -03/14/02--01058--004
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CR2E003 (9/01)

STAPLE CHECK HERE

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 th[illegible] [illegible]ation 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 li[illegible] [illegible]ership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] 1/11/01 (212) 620-7087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #