


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002102 AV

**DOCUMENT # A10285**

1. Entity Name  
**CMC TOWER ASSOCIATES, LTD.**



FILED  
2003 APR 22 PM 2:31

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**2828 CORAL WAY, PENTHOUSE SUITE  
MIAMI FL 33145**

Mailing Address  
**2828 CORAL WAY, PENTHOUSE SUITE  
MIAMI FL 33145**

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, 2003**

4. FEI Number <b>13-3062995</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$22,500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>848954</b>	STREET ADDRESS	
NAME	<b>THE RELATED COMPANIES, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>625 MADISON AVE., FIFTH FLOOR LEGAL DEPT.</b>		
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>		
DOCUMENT #	<b>617998</b>	STREET ADDRESS	
NAME	<b>THE RELATED COMPANIES OF FLORIDA, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2828 CORAL WAY, PENTHOUSE SUITE</b>		
CITY-ST-ZIP	<b>MIAMI FL 33145</b>		
DOCUMENT #	<b>ROSS, STEPHEN M.</b>	STREET ADDRESS	
NAME	<b>625 MADISON AVE., FIFTH FLOOR LEGAL DEPT.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>NEW YORK NY 10022</b>		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

**200016690662**  
04/22/03--01085--017 \*\*535.00

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; 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:** ANGEL HERNANDEZ **VICE-PRESIDENT** 4/7/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)

SAMPLE UTECk Hebe