2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A24662

1. Entity Name

T.H. OLD TOWN ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

'00 MAY -1 PM 12: 06

Principal Place of Business	Mailing Address
1886 ROUTE 52 HOPEWELL JUNCTION NY 12533	1886 ROUTE 52 HOPEWELL JUNCTION NY 12533

2. Principal Place of Business	3. Mailing Address
2424 ROUTE 52	2424 ROUTE 52
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hopewell JCT NY	City & State: Hopewell JCT NY
Zip: 12533 Country: USA	Zip: 12533 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2818196 ☐ 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
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $2,681,811.00

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 #	J76941	STREET ADDRESS	2424 ROUTE 52
NAME	T.H. OLD TOWN, INC.		
STREET ADDRESS	100 SUMMIT LAKE DRIVE	CITY - ST - ZIP	HOPEWELL JUNCTION NY 12533
CITY - ST - ZIP	VALHALLA NY		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY - ST - ZIP	400003286554--1
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CR2E003 (9/99)

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: SIGNATURE REQUIRED 4/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #