2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # A25583 1. Entity Name					SECRETARY OF STATE		
LIBERTY ASSOCIATES III L.P. LTD.				อเข้ารู้ใช้ที่ of componations			
Principal Place of Business # THE RELATED COMPANIES. INC. # THE RELATED COMPANIES. INC. # THE RELATED COMPANIES # THE				c.	00 MAR - 1 AM 9: 09		
2. Principal Place of Business 3. Mailing A		3. Mailing Address	ng Address		- I (EBISH) ISHA INDH DILUI DINDI KARA INI DIBNI BIDIK		
Suite, Apt. #, etc. Suite, Apt. #, etc					DO NOT WRITE IN THIS SPACE		
City & State City & State					4. FEI Number 13-3442942	Applied For Not Applicable	
Zip	Country Zip		Country		5. Certificate of Status Desired Fee R	5 Additional equired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
OT CORPORATION OVOTEM				Name			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324						101010	
				City	FL Zi	p 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. \$100.00 as Shown on record.					11. MAKE CHECK PAYABLE TO DI SEE REVERSE SIDE FOR FEE		
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	RELATED CREDIT PROPERTIES L.P. C/O 625 MADISON AVENUE NEW YORK NY 10022		STR	EET ADDRESS	mf 3/14/00		
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP			
DOCUMENT# NAME	F93000001330 LIBERTY GP III, INC.		STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	S C/O WORLD FINANCIAL CENTER NEW YORK NY		CITY	′-ST+ZIP	8000031 698; 	17021	
DOCUMENT# NAME			STR	EET ADDRESS	****141.25 **	***141.25	
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DOCUMENT,#	·		STR	EET ADDRESS			
STREET ADDRÉSS CITY-ST-ZIP				r-ST-ZIP			
indicated	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute this	that my signature shall have t	he sam	e legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that I made under oath; that I am a General Partner of the lin	at the information nited partnership or	

2/24/00 212 · 421 - 5332

Date Daytime Phone #