

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B95000000193**
 1. Entity Name
RELATED INDEPENDENCE ASSOCIATES III, LIMITED PAR

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAR 13 AM 9:24



Principal Place of Business
 625 MADISON AVENUE
 NEW YORK NY 10022

Mailing Address
 % THE RELATED COMPANIES. L.P.
 625 MADISON AVENUE
 NEW YORK NY 10022-1801

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **13-3750683**
 Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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. **\$0.00**

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.

2. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F95000002142 RELATED INDEPENDENCE ASSOCIATES III, INC. 625 MADISON AVE. NEW YORK NY 10022
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	<i>ny 3121100</i>
STREET ADDRESS CITY - ST - ZIP	800003179398--9 -03/22/00--01025--015 ****141.25 ****141.25
STREET ADDRESS CITY - ST - ZIP	
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STREET ADDRESS CITY - ST - ZIP	

9. 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: *3/2/00* Daytime Phone #: *212421/5332*

CR2E003 (9/99)