

2001 UNIFORM BUSINESS REPORT (UBR)

00155566 AF

DOCUMENT # **B95000000227**

1. Entity Name

TALCOTT REALTY I LIMITED PARTNERSHIP

FILED

01 APR 23 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 100 PEARL ST. HARTFORD CT 06103	Mailing Address 100 PEARL ST. HARTFORD CT 06103
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 06-1420545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$26,704,800.00	10. Amount of Capital Contributions in FLORIDA to date. 590,563	11. MAKE CHECK PAYABLE TO 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 # B95000000226 NAME TALCOTT EQUITIES LIMITED PARTNERSHIP STREET ADDRESS 100 PEARL ST. CITY-ST-ZIP HARTFORD CT 06103	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # B95000000465 NAME RAR/CREL TALCOTT INVESTORS L.P. STREET ADDRESS TWO EMBARCADERO CENTER CITY-ST-ZIP SAN FRANCISCO CA 94111	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
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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: *Kevin A North* **SIGNATURE REQUIRED** Date **4/19/01** Daytime Phone # **860-293-6100**

CR2E003 (11/00)