

**2002 UNIFORM BUSINESS REPORT (UBR)**

0018398 AB

**DOCUMENT # B96000000152**

1. Entity Name  
**IBIS WEST PALM PARTNERS L.P.**

**FILED**  
**02 MAR -5 AM 9:35**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business: **C/O BLACKSTONE GROUP, 345 PARK AVE., NEW YORK NY 10154**

Mailing Address: **345 PARK AVENUE, 31ST FLOOR, NEW YORK NY 10154**



2. Principal Place of Business: **C/O The Blackstone Group, 345 Park Ave., N.Y.N.Y. 10154**

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

4. FEI Number: **13-3889838**  
Applied For / Not Applicable

Zip, Country

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, State (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.

9. Capital Contributions as Shown on record: **\$17,324,997.50**

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	
DOCUMENT #	<b>F96000002204</b>
NAME	<b>BREI/IBIS, INC.</b>
STREET ADDRESS	<b>345 PARK AVE., 31ST FLOOR</b>
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>400005099794--5</b>
	<b>03/13/02 01060 027</b>
	<b>*****526.25 *****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Mary M. Suners* **SIGNATURE REQUIRED** **M. Suners** **2/15/02** **(212) 583-5348**

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

STAPLE CHECK HERE

CP2E003 (9/01)