2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000164

1. Entity Name: Coolidge Coral Assets Limited Partnership

FILED
2001 MAY 11 PM 1:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
ONE West Red Oak Lane	One West Red Oak Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: White Plains, NY	City & State: White Plains, NY
Zip: 10604 Country: USA	Zip: 10604 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 13-3883195 ☐ 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
C T Corporation Sysstem 1200 South Pine Island Road Plantation FL 33324	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. 0.00

10. Amount of Capital Contributions in FLORIDA to date.

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 STREET ADDRESS CITY-ST-ZIP	F96000002401 Coolidge Coral Realty Corp One West Red Oak Lane White Plains NY 10604	STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (11/00)

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: Robert Tiburzi Robert Tiburzi VP 5-7-01 914-694-6070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #