2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000140

1. Entity Name

KIR PIERS L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 17 PM 1:59

Principal Place of Business	Mailing Address
3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042	3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042-1205

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-2155542 — 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 SYSTEM 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 _____
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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$0.00		

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 # M99000000457 NAME KIR PIERS 716 L.L.C. STREET ADDRESS 3333 NEW HYDE PARK ROAD CITY-ST-ZIP NEW HYDE PARK NY 11042	STREET ADDRESS FF $141.25 CITY-ST-ZIP 200003144702--0 -02/23/00--01064--003 ***2467.75 ****141.25
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CR2E003 (9/99)

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: SIGNATURE REQUIRED on behalf of KIR Pers 716 LLC Mike Pappagallo 2/7/00 (516)869-7238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #