2002 UNIFO	RM BUSINESS REPORT (UBR
OCUMENT #	B9900000140

1. Entity Name

KIR PIERS L.P.

Principal Place of Business

3333 NEW HYDE PARK ROAD **NEW HYDE PARK NY 11042**

Mailing Address

3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042

2. F

APPROVE AND

02 APR -3 AM 8:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

						/BFII 22111	
Principal Place	Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.		DUE BY MAY 1, 2002					
City & State		City & State	City & State		4. FEI Number F4 04FFF40 Applied For		Applied For
				51-2155542		Not Applicable	
Zip	Country	Zip	Country		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 CODDOD	ATION OVOTEN			Name			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Address (P.O. Box Number is Not Acceptable)				
			-	City		FL	Zip Code
The above nam	ed entity submits this statem	ent for the purpose of char	iging its registered	office or reg	istered agent, or both, in the State of Florid	a.	•

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

as Shown on record.

8. T

9. Capital Contributions \$0.00

10. Amount of Capital Contributions in FLORIDA to date.

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. GENERAL PARTNER INFORMATION

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT ≱ NAME	M9900000457 KIR PIERS 716 L.L.C.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	5000052351256 -04/10/0201036014
STREET ADDRESS CITY-ST-ZIP	•	CITY-ST-ZIP	****141.25 ****141.25
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADORESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT / NAME		STREET ADDRESS	
STREET ADARESS CITY-ST-ZIP	Δ	CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing toes 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

STAPLE CHECK HERE

CR2E003 (9/01)