

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A17694**

1. Entity Name

RONEY PLAZA ASSOCIATES, LTD.

Principal Place of Business

C/O THE RELATED COMPANIES/ATTN: LEGAL
625 MADISON AVE
NEW YORK NY 10022

Mailing Address

C/O THE RELATED COMPANIES/ATTN: LEGAL
625 MADISON AVE
NEW YORK NY 10022

FILED

02 OCT -9 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number **13-3246872**

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

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$23,070,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **M04123**
NAME **RELATED RONEY PLAZA, INC.**
STREET ADDRESS **2828 CORAL WAY, PH 1**
CITY-ST-ZIP **MIAMI FL**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **A17693**
NAME **RELATED RONEY PLAZA ASSOCIATES, LTD.**
STREET ADDRESS **2828 CORAL WAY, PH 1**
CITY-ST-ZIP **MIAMI FL**

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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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/02)

0002483 AB