

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001276

1. Entity Name  
KOLTER CITY PLAZA, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 28 AM 8:47

Principal Place of Business  
1601 FORUM PLACE, SUITE 805  
SUITE 805  
WEST PALM BEACH FL 33401

Mailing Address  
2200 YONGE STREET #1600  
TORONTO, ONTARIO  
M4S 2C6 CANADA



2. Principal Place of Business  
2200 YONGE STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1600

City & State  
Toronto, Ontario

City & State

DUE BY MAY 1, 2003

4. FEI Number 98-0364362

Applied For

Not Applicable

Zip Country  
M4S 2C6 CANADA

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

CSC  
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. \$5,500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # F01000004680  
NAME KOLTER CITY PLAZA, INC.  
STREET ADDRESS 2200 YONGE STREET, SUITE 1600, TORONTO  
CITY-ST-ZIP CANADA M4S 2C6

STREET ADDRESS

CITY-ST-ZIP

9000014856809

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

March 3/03 416-485-0477

CR2E003 (10/02)

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