

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A05258

1. Entity Name
WOODGATE MANOR ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 AM 10:18

Principal Place of Business
625 MADISON AVENUE
NEW YORK NY 10022

Mailing Address
625 MADISON AVENUE
NEW YORK NY 10022-1801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		22-2143903	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country		

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 _____ DATE _____
Signature, typed or printed name of registered agent and not applicable (if not registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	\$550,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	ROSS, STEPHEN M. 625 MADISON AVE. NEW YORK NY	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	848954 THE RELATED COMPANIES, INC. 625 MADISON AVE. NEW YORK NY	STREET ADDRESS	mf 2/24/00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	500003153255--4 -03/01/00--01085--025
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	

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 OF GENERAL PARTNER *[Signature]* Date: 2/1/00 Daytime Phone #: 212.421.5332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)