2000 UNIFORM BUSINESS REPORT (UBR)

	Olli Olim Bool	NESS REFU		(0011)	
DOCUMENT # A09256 1. Entity Name					FILED
RUSS ALLEN PLAZA ASSOCIATES, LTD.					
↓ \$5.				\$576.25	00 JAN 21 PM 12: 47
Principal Place 2828 CORAL PENTHOUSE MIAMI FL 331	SUITE .	Mailing Address 2828 COPAL WAY PENTHOUSE SUITE MIAMI FL 33145-3214			SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State		City & State			4. FEI Number 13-3070195 Applied For Not A
Zip	Country	Zip	Coun	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current F	legistered Agent			7. Name and Address of New Registered Agent
				Name //	ervandez, HNFR
PEREZ, JORGE M.				Street Address	7777
2828 CORAL WAY					P.O. Boy Alumber is Not Acceptable) (Vo Y
PH-1 MIAMI BEACH FL 33145 City City The state of the s					
					liamí FL 293145
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 registerer agent and title if applicable MOTE: 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					
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		13.		ADDRESS CHANGES ONLY
DOCUMENT# NAME	848954 AUGUST PROPERTIES CORP. I			EET ADDRESS	
STRUET ADDRESS City+St-72P	625 MADISON AVENUE NEW YORK NY		CITY	-ST-ZIP	7000031120176
DOCUMENT# NAME	617998 THE RELATED COMPANIES OF FLORIDA, INC. 2828 CORAL WAY PH-1 MIAMI FL		STRE	ET ADORESS	-01/27/0001004008 ****535.00_****535.00
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: SIGNATURE: SIGNATURE AND PED OR PRINTED NAME OF SIGNING GENERAL PARTNER SIGNATURE AND PED OR PRINTED NAME OF SIGNING GENERAL PARTNER Dayling Phone #					