2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A09256 **DOCUMENT #**

1. Entity Name RUSS ALLEN PLAZA ASSOCIATES, LTD.



| Principal Place of Business 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145 | Mailing Address 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145 | |
|--|--|---|
| 2. Principal Place of Business | 3. Mailing Address | · |
| | | |

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SECRETARY OF STATE TALLAHASSEE FLORIDA

| MIAMI FL 331 | | | MIAMI FL 33145 | | | | |
|--|--|---------------------------------------|--|--|--|--|--|
| 2. Principal Place of Business 3. Mailing Address | | | T LEGICAL LIGHT ETHIS LIGHT FIRST STATE ST | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | DUE: BY MAY 1, 2003 | | | | |
| City & State City | | City & State | | 4. FEI Number 13-307()195 Applied For 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 | | |
| LICONAMBES ANDE | | | | Na | Name | | |
| HERNANDEZ, ANGEL 2828 CORAL WAY | | | | Str | Street Address (P.O. Box Number is Not Acceptable) | | |
| PENTHOU | JSE | | | | | | |
| MIAMI FL 33145 | | Cit | City FL Zip Code | | | | |
| SIGNATURE 9. Capital Co as Shown | ontributions | or printed name of registered agent a | and title if applicable. 10. Amount of Cap | | , , , , , , , , , , , , , , , , , , , | | |
| as Snown | | SENERAL BARTHER T | | | SEE REVERSE SIDE FOR FEE INFORMATION | | |
| | | | | | BT BE REGISTERED AND ACTIVE WITH THIS OFFICE. In amendment must be filed to change a general partner. | | |
| 12. | | GENERAL PARTNER | | 13. | ADDRESS CHANGES ONLY | | |
| DOCUMENT # NAME | AUGUST PROPERTIES CORP. I TREET ADDRESS 625 MADISON AVENUE | | STREET ADD | DORESS | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIF | | | | |
| DOCUMENT # 617998 THE RELATED COMPANIES OF FLORIDA, INC. | | STREET ADO | DORESS 05/02/0301114014 **535.00 | | | | |
| STREET ADDRESS CITY-ST-ZIP | A A A A A A A A A A A A A A A A A A A | | CITY-ST-ZIP | ZIP | | | |
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| DOCUMENT # NAME | | | | STREET ADDI | DDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | | · · · · · · · · · · · · · · · · · · · | CITY-ST-ZIP | ZIP | | |
| DOCUMENT # | | | | STREET ADDI | DORESS | | |

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. ANGEL HERNANDEZ

VICE-PDESIDENT

INERAL ST

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

Daytime Phone #