

353.00
2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A09336**

1. Entity Name
HARPARD ASSOCIATES LIMITED PARTNERSHIP



FILED

03 MAR 13 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
100 JERICHO QUADRANGLE, #214
C/O THE NEWKIRK GROUP
JERICHO NY 11753

Mailing Address
100 JERICHO QUADRANGLE, #214
C/O THE NEWKIRK GROUP
JERICHO NY 11753

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **13-2968356**

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 **\$37,750.00** 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 # **M97000000629**
NAME **ADGOLD ASSOCIATES LLC**
STREET ADDRESS **100 JERICHO QUADRANGLE, #214**
CITY-ST-ZIP **JERICHO NY 11753**

STREET ADDRESS

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 16.07(2)(i) Florida Statutes. I further certify that the information indicated in this report to the appropriate authority by 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.

By: ADGOLD Associates LLC, Managing member

SIGNATURE: *By: NEWKIRK MANAGERS CORP, Manager*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Day/Inch Phone #

CR2E003 (1/02)