

2000 UNIFORM BUSINESS REPORT (UBR)

0015232 AF

DOCUMENT # A09374
 1. Entity Name
FLAMONT ASSOCIATES LIMITED PARTNERSHIP

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB 22 AM 10:20



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 100 JERICO QUADRANGLE #214 100 JERICO QUADRANGLE #214
 C/O THE NEWKIRK GROUP C/O THE NEWKIRK GROUP
 JERICO NY 11753 JERICO NY 11753-2702

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **13-3043770** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
 Zip Country Zip Country

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.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$95,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	
DOCUMENT #	M97000000633
NAME	CHADER ASSOCIATES LLC
STREET ADDRESS	100 JERICO QUADRANGLE, #214
CITY - ST - ZIP	JERICO NY 11753
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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NAME	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	500003155825--2
CITY - ST - ZIP	03/03/00 01013 006 ****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	ny 2/29/00
STREET ADDRESS	
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CITY - ST - ZIP	
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: *Richard A. Anderson, Managing Member* **DATE:** *1/17/2000* **DAYTIME PHONE #:** *516 822 0022*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)