

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015908 AF

**DOCUMENT # A09374**

1. Entity Name

**FLAMONT ASSOCIATES LIMITED PARTNERSHIP**

**FILED**

01 JAN 30 PM 12:47

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

DO NOT WRITE IN THIS SPACE

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

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

400003623574 1  
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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 prepare this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*By Chader Associates LLC, Managing Member*  
*By Chader Manager LLC, Manager*  
*By Newkirk Partners Corp, Manager*  
*By Allison Forester*

Date

1/15/2001

Daytime Phone #

(516) 681-3636

CR2E003 (11/00)