

# 2002 UNIFORM BUSINESS REPORT (UBR)

0010088 AT

DOCUMENT # **A11186**

1. Entity Name

**HARBOR COURT ASSOCIATES, LTD.**

FILED

02 FEB -4 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145</b>	Mailing Address <b>2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>DUE BY MAY 1, 2002</b>	
4. FEI Number <b>13-3095664</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HERNANDEZ, ANGEL 2828 CORAL WAY PH-1 MIAMI FL 33145</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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

9. Capital Contributions as Shown on record. <b>\$500,599.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>848954 AUGUST PROPERTIES CORP. I 645 FIFTH AVE NEW YORK NY</b>	STREET ADDRESS CITY-ST-ZIP	<b>9000004917169--8 -02/13/02--01100--015 ***535.00 ***535.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>617998 THE RELATED COMPANIES OF FLORIDA, INC. 2828 CORAL WAY PH-1 MIAMI FL</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** ANGEL HERNANDEZ **VICE - PRESIDENT**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date 1/15/02 Daytime Phone #

CR2E003 (9/01)