

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A12305**

1. Entity Name

JAYAL ASSOCIATES LIMITED PARTNERSHIP

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.

FILED

02 MAR -7 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**13-3105550**

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

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$56,896.50**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**M9700000633  
CHADER ASSOCIATES LLC  
100 JERICHO QUADRANGLE, #214  
JERICHO NY 11753**

STREET ADDRESS

CITY-ST-ZIP

**900005099819--5**

**-03/13/02--01062--002  
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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 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 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 600, Florida Statutes.

*By: Chader Manager LLC, managing member*

*By: NEWKIRK Corp.*

*3/11/02*

*0220022*

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E03 (9/01)

STAPLE CHECK HERE

0168100  
AB