2002 UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

SIGNATURE:

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DOCUMENT # A13628 1. Entity Name WALDREST ASSOCIATES LIMITED PARTNERSHIP					FILED 02 MAR I I PM 3: 40				
									Principal Place of Business 100 JERICHO QUADRANGLE. #214 C/O THE NEWKIRK GROUP
JERICHO NY 1	11753	JERICHO NY 11753						 	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2002					
City & State		City & State			4. FEI Number	13-3155290	Applied For Not Applicable	le	
Zip Country		Zip Cour		try	5. Certificate o	f Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Curre	nt Registered Agent	-		7. Name and A	ddress of New Registered	I Agent	コ	
THE DOES	TIOS HALL CORDODATION OV	OTTAL DIO		Name	ıme				
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., SUITE 105			:	Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301									
				City FL Zip Code					
8. The above	named entity submits this statement	for the purpose of changing	its registere	ed office or register	red agent, or both	, in the State of Florida.			
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable.				DATE			
9. Capital Contributions as Shown on record. \$308,863.00 In FLORIDA to date				butions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
	A GENERAL PARTNER NOTE: General Partners N	THAT IS A BUSINESS	ENTITY M	UST BE REGIST	TERED AND AC	TIVE WITH THIS OFFICE	CE. artner.		
12.		IER INFORMATION	13.			ADDRESS CHANGES OF		ゴ〜	
DOCUMENT #	M97000000625			ET ADDRESS				9/01	
NAME STREET ADDRESS CITY-ST-ZIP	JAZAR ASSOCIATES LLC 100 JERICHO QUADRANGLE, #214 JERICHO NY 11753		CITY	-ST-ZIP				CR2E003 (9/01)	
DOCUMENT #			STRE	ET ADDRESS			·	78	
STREET ADORESS CITY-ST-ZIP			CITY	-ST-ZIP				7	
DOCUMENT #				ET ADDRESS	9000051089895				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		****528.25	****526.25		
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STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
DOCUMENT # NAME			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					
14. I hereby of indicated the receiv	certify that the information supplied w on this report is true and accurate a rer or trustee ஹ்ஜன்சேட்டிஇத்துர்	vith this filing does not qualify nd that my signature shall ha the Good as God Feb by Gr	of for the exercite the formula of the same	mption stated in Se legal effect as if n lotige (AR) (es/)/	ection (19.07(3)(i). nade linder oath; i	, Florida Statutes. I further co that I am a General Partner o	ertify that the information of the limited partnership	or	