

2001 UNIFORM BUSINESS REPORT (UBR)

00158820 AF

DOCUMENT # A14253

1. Entity Name

LANMAR 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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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

13-3164585

Applied For

Not Applicable

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 CORPORATIN SYSTEM
1201 HAYS ST., 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.

\$936,728.00

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 # **GP9700000753**
NAME **BATTIN ASSOCIATES**
STREET ADDRESS **100 JERICHO QUADRANGLE, #214**
CITY-ST-ZIP **JERICHO NY 11753**

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
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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 if made under oath; that I am a General Partner of the limited partnership or the receiver or decedent employed to execute this report as required by Chapter 689, Florida Statutes.

By **Battin Associates, General Partner**
B. Battin / Limited Partnership, General Partner.

SIGNATURE: **SBN BATTIN CORP. General Partner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/15/2001 (516)681-3636
Date Daytime Phone #

CRZE003 (11/00)