

2003 **LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #A14647

1. Entity Name

OPA LOCKA ASSOCIATES, LTD.



FILED
03 JUL -3 PM 2:35
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4582 S. ULSTER ST. PKWY.

3. Mailing Address
4582 S. ULSTER ST. PKWY.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
SUITE 1100

Suite, Apt. #, etc.
SUITE 1100

DUE BY MAY 1

City & State
DENVER

City & State
DENVER

4. FEI Number
13-3177387

Applied For
Not Applicable

Zip
CO 80237

Zip
CO 80237

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

TALLAHASSEE

City
FL Zip Code
32301-2525

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Ann R. Brilling

DATE

7-1-03

9. Capital Contributions
as Shown on record. \$1,322,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
617988
THE RELATED COMPANIES OF FLORIDA, INC.
2828 CORAL WAY, PH 1
MIAMI FL

STREET ADDRESS

CITY-ST-ZIP

900021298249

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
848954
THE RELATED COMPANIES, -INC.
645 FIFTH AVE.
NEW YORK NY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
F97000001937
SF GENERAL, INC.
4582 S. ULSTER ST. PKWY., SUITE 1100
DENVER CO 80237

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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CITY-ST-ZIP

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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

OPA Locka Associates, Ltd., by its managing GP, SF General, Inc.

SIGNATURE:

Lisa R. Omm
By: Lisa R. Omm, Assistant Secretary

06/30/03

303-757-8101

Date

Daytime Phone *

CRZE003B (12/02)

STAPLE CHECK HERE



CORPORATION SERVICE COMPANY

A14647

PAGE 2

ACCOUNT NO. : 072100000032

REFERENCE : 154240 4322291

AUTHORIZATION :

Patricia Pizute

COST LIMIT : \$ 935.00

ORDER DATE : July 1, 2003

ORDER TIME : 8:39 AM

ORDER NO. : 154240-005

CUSTOMER NO: 4322291

CUSTOMER: Pam F. Palmer, Legal Asst
Powell Goldstein Frazer &
16th Floor
191 Peachtree St., N.e.
Atlanta, GA 30303

ANNUAL REPORT FILING

NAME: OPA LOCKA ASSOCIATES, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan-EXT#1155

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

BK