

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A16541**

1. Entity Name

T.M. ALEXANDER ASSOCIATES, LTD.

Principal Place of Business

**2000 S. COLORADO BLVD., TWR 2, STE. 2-1000
DENVER CO 80222**

Mailing Address

**2000 S. COLORADO BLVD. TWR 2, STE. 2-1000
DENVER CO 80222**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2406404

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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.

\$2,000,000.00

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 # **617998**
NAME **THE RELATED COMPANIES OF FLORIDA, INC.**
STREET ADDRESS **2828 CORAL WAY PH-1**
CITY-ST-ZIP **MIAMI FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **848954**
NAME **AUGUST PROPERTIES CORP. I**
STREET ADDRESS **645 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK NY**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **F97000001937**
NAME **SF GENERAL INC**
STREET ADDRESS **2000 S. COLORADO BLVD., TWR 2, STE. 2-1000**
CITY-ST-ZIP **DENVER CO 80222**

STREET ADDRESS

CITY-ST-ZIP

300004241923--1

05/17/01-01042-005

*****526.25 ***526.25**

DOCUMENT #
NAME
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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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes

T.M. Alexander Associates, Ltd. by its Managing GP, SF General, Inc.

SIGNATURE: By: *Deborah Chesel* **Deborah Chesel Asst. Secy 4-26-01 (303) 757-8101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

APPROVED
AND
FILED

01 APR 30 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)