MPPRUYES

2002 UNIFORM BUSINESS REPORT (UBR)

A16541 DOCUMENT # 1. Entity Name 02 MAR 15 AM 10: 24 T.M. ALEXANDER ASSOCIATES, LTD. SECRETARY OF STATE FAUL AHASSEE, FLORIDA Principal Place of Business Mailing Address 2000 S. COLORADO BLVD., TWR 2, STE, 2-1000 2000 S. COLORADO BLVD., TWR 2, STE, 2-1000 DENVER CO 80222 DENVER CO 80222 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 Applied For 59-2406404 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 \$2,000,000.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY 617998 DOCUMENT # CR2E003 (9/01) STREET ADDRESS THE RELATED COMPANIES OF FLORIDA, INC. NAME 2828 CORAL WAY PH-1 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP 848954 DOCUMENT # STREET ADDRESS AUGUST PROPERTIES CORP. I NAME 645 FIFTH AVENUE STREET ADDRESS 500005169715--4 CITY-ST-ZIP **NEW YORK NY** C/TY-ST-ZIP <u>-03/26/02--01060--023</u> F97000001937 DOCUMENT 4 ****526.25 ****526.25 STREET ADDRESS SF GENERAL INC NAME 2000 S. COLORADO BLVD., TWR 2, STE. 2-1000 STREET ADDRESS CITY-ST-ZIP DENVER CO 80222 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

MATURE RECOUNTERS ED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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

Asst. Secy.

3-12-02

303-757-8101