


2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19659**
 Entity Name
STAR CREEK ASSOCIATES, LTD.

FILED
 02 SEP 30 AM 9:09
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
 C/O THE RELATED COMPANIES, L.P. C/O THE RELATED COMPANIES, L.P.
 625 MADISON AVENUE, LEGAL DEPARTMENT 625 MADISON AVENUE, LEGAL DEPARTMENT
 NEW YORK NY 10022 NEW YORK NY 10022

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

9/9/02

DUE BY SEPTEMBER 25, 2002
 4. FEI Number **13-3311637** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions shown on record. **\$1,647,844.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	617998 THE RELATED COMPANIES OF FLORIDA, INC. 2828 CORAL WAY, PH 1 MIAMI FL
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600008153446--7 -10/02/02--01032--024
CITY-ST-ZIP	****437.50 ****437.50
STREET ADDRESS	688888153446--7 -10/02/02--01032--025
CITY-ST-ZIP	****488.75 ****488.75
STREET ADDRESS	
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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Pamela J. Kirby agent Pamela Kirby* **9/9/02** **301-595-5191**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2F003 (4/02)