

**2002 UNIFORM BUSINESS REPORT (UBR)**

APPROVAL  
AND  
FILED

0002488  
AB

DOCUMENT # **A21352**

1. Entity Name  
**SILVER BLUE LAKE APTS, LTD.**

02 OCT 22 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



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

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-2750743** Applied For Not Applicable

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

**DUE BY SEPTEMBER 25, 2002**

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. **\$9.90**

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	<b>617998 THE RELATED COMPANIES OF FLORIDA, INC. 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	<b>900008517919 10/22/02--01071--005 **489.00</b>
STREET ADDRESS CITY-ST-ZIP	<b>900008517919 10/22/02--01071--005 **52.50</b>
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STREET ADDRESS CITY-ST-ZIP	

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 Kirby agent* **Pamela Kirby** 9/16/02 301-595-5191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR/PT/3006200