

2001 UNIFORM BUSINESS REPORT (UBR)

0017466 AF

DOCUMENT # **A22445**

1. Entity Name

PROFESSIONAL PARTNERS, LIMITED PARTNERSHIP

FILED

01 MAY 11 AM 10:01

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**ONE PENN PLAZA, SUITE 4015
NEW YORK NY 10119**

Mailing Address

**ONE PENN PLAZA, SUITE 4015
NEW YORK NY 10119**

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

59-2666240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

SUITE 105

City
TALLAHASSEE

FL Zip Code
32301

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.

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$4,702,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

8,438,845

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 # **F92000000077**
NAME **FIRST PROFESSIONAL ARTS BUILDING CORPORATION**
STREET ADDRESS **ONE PENN PLAZA, SUITE 4015**
CITY-ST-ZIP **NEW YORK NY 10119**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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-05/22/01 --01087--016
2276.25 *526.25**

\$526.25

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

FIRST PROFESSIONAL ARTS BUILDING CORP., G.P.

SIGNATURE: By: **Michael S. Sims**, Its Vice President **4/26/01** (212) 971-9270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)