## 2002 UNIFORM BUSINESS REPORT (UBR)

A22445

DOCUMENT #

1. Entity Name							FILED			
PROFESSIONAL PARTNERS, LIMITED PARTNERSHIP							02 MAY -6 PM 3: 58			
Principal Place of Business ONE PENN PLAZA. SUITE 4015 NEW YORK NY 10119				lailing Address DNE PENN PLAZA, SUIT NEW YORK NY 10119	E 4015			SECRETARY OF S TALLAHASSEE, FL	ORIDA	
								1818 (1818 (1818) 818) 8788 BJO BJO BJEN BJ	IDIT BYET) BIBII BIBII BIBII KODI	
2. Principal Place of Business				Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.		<del></del>	DUE BY MAY 1, 2002			
City & State				City & State			4. FEI Number Applied For Not Applied For Not Applied For			
Zip	Zip Country		╫	Zip Cou		ntry	5. Certificate of Status Desired S8.75 Additional			
6. Name and Address of Current Reg				stered Agent			7. Name and Address of New Registered Agent			
						Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET						Street Address (P.O. Box Number is Not Acceptable)				
A.TALLAHASSEE FL 32301-2525								<u></u>		
						City Zin Code				
The above named entity submits this statement for the purpose of changing its register						ed office or registe	ered agent, or both	·	-61	
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable.								DATE	TO BERT OF BYATE	
9. Capital Contributions as Shown on record.  \$8,438,848.00  10. Amount of Capital in FLORIDA to date						8,438	848,00	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR	R FEE INFORMATION	
								CTIVE WITH THIS OFFICE I to change a general par		
12. GENERAL PARTNER INFORMATION							ADDRESS CHANGES ONLY			
DOCUMENT / F9200000077 NAME FIRST PROFESSIONAL ARTS BUILDING CORPORATI					STRE	EET ADDRESS				
STREET ADDRESS ONE PENN PLAZA, SUITE 4015					CITY	ST-ZIP				
DOCUMENT #	NEW YOR	K NY 10119			_					
NAME					STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY		-ST-ZIP	2000055552622 -05/16/0201058023			
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CITY-ST-ZIP					- On a	-01-211				
DOCUMENT #*					STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP				
14. I hereby of indicated	certify that the on this report	information supplied with is true and accurate and	this fi that rr	ling does not qualify for ny signature shall have	the exer	mption stated in S e legal effect as if i	ection 119.07(3)(i) made under oath: I	Florida Statutes. I further certithat I am a General Partner of t	ify that the information the limited partnership or	
the receiv	ver or trustee d FIRST P	empowered to execute this ROFESSIONAL, A	s repo RTS	rt as required by Chap BUILDING CO	ter 620, f DRP • •	Florida Statutes G.P.				
	SIGNATURE: BY WELLE MICHAEL STAS ITS VICE PRESIDENT 4/9/02(212)971-9270									