## 2000 UNIFORM BUSINESS REPORT (UBR) A25944 DOCUMENT # 1. Entity Name SECRETARY OF STATE DIVISION OF CORPORATIONS DARBY PARTNERS, LTD. QO APR 28 AM 3:05 Principal Place of Business Mailing Address 500 FIFTH AVENUE 500 FIFTH AVENUE **SUITE 1710 SUITE 1710** NEW YORK NY 10110-0002 NEW YORK NY 10110-1799 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-3436557 Not Applicable Zip Country Zip 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 ROSENBERG, DONALD S. Street Address (P.O. Box Number is Not Acceptable) 2600 AMERIFIRST BUILDING ONE SOUTHEAST THIRD AVE. **MIAMI FL 33131** Zip Code City FL 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 (NOTE, Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$2,630,811.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. \$2,630,811.00 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION M48970 DOCUMENT # STREET ADDRESS DARBY PROPERTIES, INC NAME <del>600003269796</del> 500 FIFTH AVE., SUITE 4700 STREET ADDRESS -05/26/00--01082--011 CITY-ST-7IP **NEW YORK NY 10110** CITY-ST-7IP \*\*\*\*535.00 \*\*\*\*535.80 DOCUMENT# STREET ADDRESS 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 DOCUMENT # STREET ADDRESS NAME STRIFFT ADDRESS CITY-ST-7IP CITY-ST-7IP

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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

DOCUMENT#

CITY-ST-ZIP

NAME STREET ADDRESS

SIDALIFO/BERECIIRED

April 27, 2000

(212) 764-4675

Date

Daytime Phone #

ROBERT W. CORCORAN, VICE PRESIDENT