2002 UNIFORM BUSINESS REPORT (DOCUMENT # A25944								0018381
1. Entity Name DARBY PARTNERS, LTD.					FILLO SECRETARY OF STATE DIVISION OF CORPORATIONS			B
Principal Place of Business 500 FIFTH AVENUE SUITE 1710 NEW YORK NY 10110-0002 2. Principal Place of Business		Mailing Address 500 FIFTH AVENUE SUITE 1710 NEW YORK NY 10110-0002 3. Mailing Address		02 FEB 12 PM .2: 05				
Suite, Apt. #, etc.		Suite, Apt. #, etc.					٦	
City & State		City & State		Applied For			=	
Zip	Country	Zip Coun		try	5 Certificate of Status Desired 5 \$8.75 Addition		Not Applicable \$8.75 Additional	
	6. Name and Address of Current	Registered Agent				Address of New Registered	Fee Required Agent	-
ROSENBERG, DONALD S.				Name				
2600 AMERIFIRST BUILDING ONE SOUTHEAST THIRD AVE. MIAMI FL 33131			-		treet Address (P.O. Box Number is Not Acceptable)			7
				······································				1
				City FL Zip Code				
8. The above	e named entity submits this statement for	or the purpose of changing	its registere	ed office or regis	tered agent, or both	, in the State of Florida.	-, -	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	. <u>.</u>			DATE		
9. Capital Co as Shown		10. Amount of Ca in FLORIDA to		outions		11. MAKE CHECK PAYABL SEE REVERSE SIDE FO		
	A GENERAL PARTNER	THAT IS A BUSINESS	ENTITY M			TIVE WITH THIS OFFIC	Ε.	-
12.	NOTE: General Partners MAY NOT be changed on the GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT # NAME STREET ADDRESS	M48970 DARBY PROPERTIES, INC. 500 FIFTH AVE., SUITE 4700		STRE	ET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10110		CITY-		<u>3000049494336</u> -02/18/0201071007			CR2E00
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DOCUMENT # NAME			STRE	ET ADDRESS				
STREET AGORESS City-st-21P			CITY	-ST-ZIP	<u>, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
DOCUMENT #			STRE	ET ADDRESS			<u></u>	1
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
	·	n this filing doop pat qualify	for the even	motion stated in	Section 119 07(3)(i)	Elorida Statutes I further ce	rtify that the information	1
indicated	certify that the information supplied with on this report is true and accurate and accurate and	I that my signature shall ha	ve the same	e legal effect as i	f made under oath; f	hat I am a General Partner o	f the limited partnership or	
indicated	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute th	I that my signature shall ha is report as required by Ch	ve the same apter 620, ł	e legal effect as i Florida Statutes	f made under oath; 1	hat I am a General Partner o	the limited partnership or	

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