

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26349**

1. Entity Name

**EASTRIDGE PARTNERS, LTD.**

Principal Place of Business

2828 CORAL WAY, PENTHOUSE SUITE  
MIAMI FL 33145

Mailing Address

2828 CORAL WAY, PENTHOUSE SUITE  
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

02 FEB -4 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>THE RELATED GROUP OF FLORIDA</b> ATTN: ANGEL HERNANDEZ 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.	<b>\$3,753,441.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000067128	STREET ADDRESS	
NAME	RELATED CAPRI HOUSING, INC.	CITY-ST-ZIP	
STREET ADDRESS	2828 CORAL WAY, PENTHOUSE SUITE		
CITY-ST-ZIP	MIAMI FL 33145		
DOCUMENT #		STREET ADDRESS	0000004917050-9
NAME		CITY-ST-ZIP	-02/13/02-01100-001
STREET ADDRESS			****535.00 ****535.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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

**ANGEL HERNANDEZ**

VICE - PRESIDENT

SIGNATURE: *Angel Hernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 19/01