

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28301**

1. Entity Name
1601 POWERLINE ASSOCIATES, LTD.

Principal Place of Business
1333 BROADWAY, SUITE 1202
NEW YORK NY 10018

Mailing Address
1333 BROADWAY, SUITE 1202
NEW YORK NY 10018-7212

FILED
00 MAY 30 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 11-2966373		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KEY CORPORATE SERVICES, INC. 200 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131				Name: <u>Key Corporate Services Inc.</u>			
				Street Address (P.O. Box Number is Not Acceptable): <u>10 Gunster Yohley</u>			
				City: <u>Miami</u> State: <u>FL</u> Zip Code: <u>33131</u>			

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] (NOTE: Registered Agent signature required when reinstating)

DATE: 4/24/00

9. Capital Contributions as Shown on record: **\$900,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M97000000651	STREET ADDRESS	900003294599--1
NAME	H & G II ASSOCIATES, L.L.C.	CITY - ST - ZIP	-06/19/00--01006--001
STREET ADDRESS	1333 BROADWAY, SUITE 1202		***535.00 ***535.00
CITY - ST - ZIP	NEW YORK NY 10018		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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

SIGNATURE: [Signature] **REQUIRED**

DATE: 4/24/00 DAYTIME PHONE #: 212-563-9200