

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006247 AT

DOCUMENT # A28301



1. Entity Name
1601 POWERLINE ASSOCIATES, LTD.

FILED

03 APR 22 PM 9:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business **1333 BROADWAY SUITE 1202 NEW YORK NY 10018** *65 WEST 36th ST SUITE # 1200*
Mailing Address **1333 BROADWAY SUITE 1202 NEW YORK NY 10018** *65 WEST 36th STREET SUITE 1200*

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number **11-2966373** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KEY CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD., 34TH FLOOR
C/O GUNSTER YOAKLEY
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph Goldschmidt* **JOSEPH GOLDSCHMIDT** DATE **4/4/03**

9. Capital Contributions as Shown on record. **\$900,500.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO FL. 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

DOCUMENT #	M9700000651
NAME	H & G II ASSOCIATES, L.L.C.
STREET ADDRESS	1333 BROADWAY SUITE 1202 <i>65 W 36th STREET SUITE # 1200</i>
CITY-ST-ZIP	NEW YORK NY 10018

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400016687284
CITY-ST-ZIP	04/22/03--01079--024 **535.00

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: *Joseph Goldschmidt* **JOSEPH GOLDSCHMIDT** DATE **4/4/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)