2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED

A30063 DOCUMENT # FILED SECRETARY OF STATE ISION OF CORPORATIONS 1. Entity Name AIR ASSOCIATES, LIMITED PARTNERSHIP OF NEW JERSE OBFEBII PM 1:30 Principal Place of Business
740 JANE DRIVE Mailing Address 740 JANE DRIVE FRANKLIN LAKES NJ 07417 FRANKLIN LAKES NJ 07417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number 22-3076684 Applied For Zip Country Not Applicable Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Name 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 105 TALLAHASSEE FL 32301 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions DATE \$10,000.00 10. Amount of Capital Contributions as Shown on record. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE in FLORIDA to date. 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 ADDRESS CHANGES ONLY DOCUMENT # NAME SEIGEL, JAN K STREET ADDRESS CR2E003 (10/02) STREET ADDRESS 740 JANE DRIVE FRANKLIN LAKES NJ CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME SEIGEL, JUDY L STREET ADDRESS STREET ADDRESS 740 JANE DRIVE FRANKLIN LAKES NJ CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS 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

201-444-4000