2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33294

1. Entity Name

BERMUDA AVENUE ASSOCIATES, LTD.

FILED

01 OCT 17 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
80 STATE STREET	80 STATE STREET
P.O. BOX 799	P.O. BOX 799
ALBANY NY 12201	ALBANY NY 12201

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**DUE BY SEPTEMBER 26, 2001**
City & State	City & State	**4.** FEI Number 14-1754795 / Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE .

9. Capital Contributions as Shown on record. **$1,060.00**	**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 # S76257 NAME BERMUDA AVENUE CORP. STREET ADDRESS 80 STATE STREET CITY-ST-ZIP ALBANY NY 12207	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 9000004653459—1 -10/25/01--01029--032 ****550.00 ****550.00
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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___
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

CR2E003 (5/01)