

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001545**
 1. Entity Name
CITY CENTER ASSOCIATES, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 JUN 27 PM 1:29

Principal Place of Business
 Mailing Address
**C/O DELMA PROPERTIES, INC.
 444 MADISON AVENUE
 SUITE 1204
 NEW YORK, NY 10022**

[Signature]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 2ND AVENUE SOUTH
 Suite, Apt. #, etc.
SUITE 201

3. Mailing Address
 Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FLORIDA
 Zip
33701
 Country
US

City & State
 Zip
 Country

4. FEI Number
59-3285127
 Applied For
 Not Applicable

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

Name
CT CORPORATION SYSTEMS
 Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
 City
PLANTATION FL Zip Code
33324

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. (two i.e. Registered Agent signature required when reinstating) DATE

9. Capital Contribution
 as Shown on record. **\$2,775,000.00**

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
 DOCUMENT # **F94000005910**
 NAME **DELMA CITY CENTER CORP.**
 STREET ADDRESS **444 MADISON AVENUE, SUITE 1204**
 CITY-ST-ZIP **NEW YORK, NEW YORK 10022**

13. ADDRESS CHANGES ONLY
 STREET ADDRESS
800003312488--6
 CITY-ST-ZIP
-07/05/00--01016--007
******446.25 ****446.25**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
800003312488--6
 CITY-ST-ZIP
-07/05/00--01016--008
*******80.00 *****80.00**

DOCUMENT #
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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.

By: **DELMA CITY CENTER CORP. - GENERAL PARTNER**

SIGNATURE: *[Signature]* **Seta Toroyan, Corporate Secretary** 4/28/00 (212) 355-4335
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR/E003 (19/9/1)