

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002001

1. Entity Name  
La Provence Associates Limited Partnership

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 18 AM 11:43

Principal Place of Business Mailing Address  
455 Central Park Ave. 455 Central Park Ave.  
Suite 308 Suite 308  
Scarsdale, NY 10583 Scarsdale, NY 10583

*mf*

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 13-3921540 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  
Scott W. Callahan  
37 North Orange Avenue, Suite 200  
Orlando, FL 32802-3388

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.

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. 360,000.00 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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	F96000005582	STREET ADDRESS		
NAME	La Provence Realty Corp.	CITY-ST-ZIP		
STREET ADDRESS	455 Central Park Avenue			
CITY-ST-ZIP	Scarsdale, NY 10583			
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
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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.

SIGNATURE: *Robert V. Tibbory Jr.* Sec/Treas 4-11-00 914 472-6070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
ROBERT V. TIBBORY JR Sec/Treas

CR2E003 (9/99)