

2002 UNIFORM BUSINESS REPORT (UBR)

0018411 AB

DOCUMENT # **A97000000326**

1. Entity Name

LID ASSOCIATES, LTD.

FILED

02 MAY -1 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**C/O LOEB PARTNERS REALTY
521 FIFTH AVENUE, SUITE 2300
NEW YORK NY 10175**

Mailing Address

**C/O LOEB PARTNERS REALTY
521 FIFTH AVENUE, SUITE 2300
NEW YORK NY 10175**

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, 2002

4. FEI Number

13-3931361

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

**ROSEN, LAWRENCE N
2925 AVENTURA BLVD., SUITE 308
AVENTURA FL 33180**

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.

DATE

9. Capital Contributions
as Shown on record.

\$5,127,000.00

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 # **P97000011478**
NAME **LOEB INTERNATIONAL DRIVE, INC.**
STREET ADDRESS **521 FIFTH AVENUE, SUITE 2300**
CITY-ST-ZIP **NEW YORK NY 10175**

STREET ADDRESS

CITY-ST-ZIP

800005556498--5

-05/17/02--01024--017

******526.50 ****526.25**

DOCUMENT #
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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:

ALAN L. GORDON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02

Date

Daytime Phone #

212 683 0387

CR2E003 (9/01)