## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 497000001424 LONG FAMILY LIMITED PARTNERSHIP SECRETARY OF STATE DIVISION OF CORPORATIONS 00 MAY -5 PM 1: 33 Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address CO SPEER & FULVIO, LLP GREEN PLAINS FARM Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 60 E. 42 M BOX 97, ROUTE 620 City & State 4. FEI Number City & State Applied For NORTH, VA 65-0773080 NEW YORK Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 10165 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEVEN P. OPPENHEIM, ESQ Street Address (P.O. Box Number is Not Acceptable) 3191 CORAL WAY, STE 800 MIAMI, FL 33145 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 reinstaling) 10. Amount of Capital Contributions 42,538,010. 9. Capital Contributions \$\dagger 2538,010 \cdot -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. GENERAL PARTNER INFORMATION 12. 13. 09700052694 DOCUMENT # GO SPEER : FULVIO, LLP, 60 E 4240 ST STREET ADDRESS LONG PROPERTY MANAGEMENT, INC NAME STREET ADDRESS NEWYORK, NY 10165 CITY-ST-ZIP City-St-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 700003288567--8 CITY-ST-ZIP CITY-ST-ZIP <del>:06/14/00--01042--016</del> DOCUMENT # \*\*\*\*526.25 \*\*\*\*526.25 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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