LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 16 AM 10:31

DOCUMENT # A98000000978

1. Entity Name

777 CONGRESS AVENUE PARTNERS LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
777 South Congress Ave.	c/o ABC Carpet + Home
Suite, Apt. #, etc.	Suite, Apt. #, etc. 888 Broadway
City & State: Delray Beach, FL	City & State: New York, NY
Zip: 33445 Country:	Zip: 10003 Country:

DUE BY MAY 1

4. FEI Number: 52-2095363 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WEINRIB, JEROME

Street Address (P.O. Box Number is Not Acceptable): 777 South Congress Ave.

City: Delray Beach, FL Zip Code: 33445

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,000.00		

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 #	M98000000377	STREET ADDRESS	
NAME	WEINRIB/COLE REAL ESTATE LLC	CITY-ST-ZIP	200031753102 04/02/04--01069--006 **526.25
STREET ADDRESS	888 BROADWAY		
CITY-ST-ZIP	NEW YORK, NY 10003		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	200031753102 04/02/04--01069--006 **141.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003B (12/01)

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: _____ JEROME WEINRIB 3-12-04 (212) 473-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #