2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

DOCUMENT # かってののの1343 1. Entify Name					FILE	0	
LON	LONG FAMILY REAL ESTATE LIMITED PARTNERSHIP						
Principal Place of Business GREEN PLAINS FARM GO SPEER 1/FULL BOX 97, ROUTE 620 NORTH, VA 23128 MEW YORK, NY 1			ST., STE.	LP 1313	00 MÅY -5 1	PM 1:33	
2. Principal Place of Business GREEN PLAINS FARM Suite, Apt. #, etc. BOX 97 ROUTE 620 3. Mailing Address GO SPEER & FU Suite, Apt. #, etc. 60 E. 42 L S7			ULVIO, LLP T, STE 13/3		DO NOT WRITE IN THIS SPACE		
City & State	City & State CRTH VA City & State NEW YORK, A		~ 4	4. FEI Number Applied For Not Applicable			
Zip 2312	Country	Zip 10165	Country USA		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	egistered Agent			7. Name and Address of New F	Registered Agent	
Name				- 4			
STEVEN P. OPPENHEIN ESP 3191 CORAL WAY, SUITE 800				Street Address (P.O. Box Number is Not Acceptable)			
0111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4.0			- · · · · -		
MIAMI, FL 33145				City FL Zip Code			
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office o	r registere	d agent, or both, in the State of Flo	orida.	
SIGNATUŖĘ .	Signature, typed or printed name of registered agent ar	d title if applicable (NOTE: f	Registered Ageni signal	llure required v	when reinstating)	DATE	
9. Capital Co	ntributions 🖈 🗥 –	10. Amount of Capital in FLORIDA to date		\$10	/ h left, Aug 17 m in 1, de Vier, in en v	CK PAYABLE TO DEPT. OF STATE	
÷	A GENERAL PARTNER TI	AT IS A BUSINESS ENT	ITY MUST BE	REGISTI	ERED AND ACTIVE WITH TH		
12.	tioned and the state of the sta			13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME	LONG REAL ESTATI			% s		, 60 EAST 42ND ST	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	N	EW YORK, NY	10165	
DOCUMENT #			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		·	CITY-ST-ZIP				
DOCUMENT # NAME		<u>.</u>	STREET ADDRESS		-06/15/	2 898572 /0001001006	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		****1	41.25 ****141.25	
DOCUMENT # NAME			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
DOCUMENT # NAME			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	Shirt San	V	CITY-ST-ZIP				
DOCUMENT A NAME STREET ADDRESS CITY-ST-ZIP	A GUNERAL TOTAL SATING CONTROL OF THE CONTROL OF TH	NO Vis	STREET ADDRESS				
14. I hereby of indicated	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute this	hat my signature shalf have th	ie same legal effe	ect as if ma	ction 119.07(3)(i), Florida Statutes, ade under oath, that I am a Genera	I further certify that the information al Partner of the limited partnership or	