

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000149

1. Entity Name
ALLIANCE CAPITAL MANAGEMENT L.P.



FILED
03 MAY -6 PM 7:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
ATTN: KEN BARKOFF
1345 AVENUE OF THE AMERICAS
NEW YORK NY 10105

Mailing Address
ATTN: KEN BARKOFF
1345 AVENUE OF THE AMERICAS
NEW YORK NY 10105



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, 2003

4. FEI Number 13-4064930

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions
as Shown on record. \$223,557.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # F00000002659
NAME ALLIANCE CAPITAL MANAGEMENT CORPORATION
STREET ADDRESS 1345 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10105

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a General Partner of the limited partnership or the receiver or trustee empowered to file this report under Chapter 620, Florida Statutes.

SIGNATURE: KEN BARKOFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/28/03

Date

212-969-6442

Daytime Phone #

CR2E003 (10/02)

0018682 MB