2002	UNIFORM	I BUSINESS	REPORT	(UBR
	<b></b>			IADU

2002	2 UNI	FORM BUS	SINES	S REPO	RT	(UBR)	APPRUVEL	
DOCUMENT # _ B0100000384						AND FILED		
GOLDFISH (DE) LP					٠	f	02 APR 12 AM 11: 56	
Principal Place of Business 50 ROCKEFELLER PLAZA NEW YORK NY 10020		50 RQ	Mailing Address 50 ROCKEFELLER PLAZA NEW YORK NY 10020			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 3. Mail			3. Mailin	Mailing Address				
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			DUE BY MAY 1, 2002		
City & State		City &	City & State			4. FEI Number  Applied For  Not Applicable		
Zip		Country	Zip		Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			<del></del> -	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)				
8. The above	named entity	submits this statement	for the nurnos	e of changing its r	enistere	City	FL Zip Code stered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed o	x printed name of registered age					DATE	
<ul> <li>9. Capital Contributions as Shown on record.</li> <li>44,290,000.00</li> <li>10. Amount of Capital in FLORIDA to dat</li> </ul>					te.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	NOTE:	General Partners M	THAT IS A I	BUSINESS ENT changed on the	TTY M e form	UST BE REGI ; an amendm	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.	F0100000	GENERAL PARTNE	ER INFORMAT	ION	13.		ADDRESS CHANGES ONLY	
NAME Street Address City-St-Zip	CATFISH (DE) QRS 14-79, INC. 50 ROCKEFELLER PLAZA			ST-ZIP				
DOCUMENT#			,	·	STREE	ET ADDRESS	8000052831882 -U4717/U2U1005U04 *****88.75 *****88.75	
STREET ADDRESS CITY-ST-ZIP	<u> </u>				CITY-	ST-ZIP		
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CITY-ST-ZIP				·	CITY-	ST-ZIP	-04/17/0201005005 ****437.50 ****437.50	
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CITY-ST-ZIP			<del></del>		CITY-	ST-ZIP		
IAME TREET ADDRESS					STREE	T ADDRESS		
OCUMENT					CITY-S	ST-ZIP		
TREET ADDRESS					STREE	T ADDRESS		
Ihereby ce indicated o the receive	ertify that the in this report or trustee en	information supplied with its true and accurate and appropriate to execute the supplied of the	h this filing doe I that my signa is report as re	es not qualify for th ature shall have the quired by Chapter			Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or COE) ORS 14-79, Inc.	

**SIGNATURE:** 

(212)492-1100