

2001 UNIFORM BUSINESS REPORT (UBR)

0016834 AF

DOCUMENT # B94000000001

1. Entity Name

WEST DALE NATIONAL ASSOCIATES, LIMITED

Principal Place of Business

280 PARK AVE., EAST BLDG., 20TH FLOOR
NEW YORK NY 10017

Mailing Address

280 PARK AVE., EAST BLDG., 20TH FLOOR
NEW YORK NY 10017

FILED

01 JUN 20 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1775 Broadway
Suite, Apt. #, etc.
23rd Floor

3. Mailing Address

3100 Monticello
Suite, Apt. #, etc.
Suite 200

City & State

New York NY

City & State

Dallas, TX

4. FEI Number

75-2508189

Applied For

Not Applicable

Zip

10019

Country

USA

Zip

75205

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$10.00

10. Amount of Capital Contributions in FLORIDA to date.

\$10.00

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # D00008
NAME NATIONAL INCOME REALTY TRUST
STREET ADDRESS 280 PARK AVE., EAST BLDG., 20TH FLOOR
CITY-ST-ZIP NEW YORK NY 10017

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1775 Broadway, 23rd Floor

CITY-ST-ZIP

New York, NY 10019

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

800004437678--0

CITY-ST-ZIP

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NAME

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STREET ADDRESS

CITY-ST-ZIP

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:

Kathryn Mansfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

KATHRYN MANSFIELD 4-12-01 214-599-2200

Date

Daytime Phone #

CR2E003 (11/00)