2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Steven

DOCUMENT # B9400000509 1. Entity Name EH PROPERTIES, LTD. L.P. Principal Place of Business Mailing Address 1120 AVENUE OF THE AMERICAS 1120 AVE, OF THE AMERICAS NEW YORK, NY 10036 ATTN: MARIE GEORGES NEW YORK, NY 10036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State City & State Applied For 4. FEI Number 33-0606135 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DILL, R. JOSEPH 1301 RIVERPLACE BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 1916** JACKSONVILLE, FL 32207 Zip Code FL 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 primed name of registered agent and title if applicable. DATE 9. Capital Contributions 11 MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions as Shown on record. \$5,443,516.00 in FLORIDA to date. 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 300016978683 DOCUMENT # F95000001647 CRZE003 (10/02) STREET ADDRESS 04/24/03<u>--01079--019</u> NEW PLAN EXCEL REALTY TRUST, INC. NAME STREET ADDRESS 1120 AVE, OF THE AMERICAS CITY-ST-ZIP NEW YORK, NY 10036 CITY -ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY -ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY -ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City - st - ZiP CITY -S1-ZIP 14. Thereby 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 empowers are execute this report as required by Chapter 620, Florida Statutes

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(212)869-3000

Davime Phone #

4/14/2003