

# 2002 UNIFORM BUSINESS REPORT (UBR)

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AB

**DOCUMENT # B95000000191**

1. Entity Name

**RELATED INDEPENDENCE ASSOCIATES, LIMITED PARTNER  
SHIP**

Principal Place of Business

Mailing Address

C/O THE RELATED COMPANIES. L.P./LEGAL DEP.  
625 MADISON AVENUE  
NEW YORK NY 10022

C/O THE RELATED COMPANIES. L.P./LEGAL DEP.  
625 MADISON AVENUE  
NEW YORK NY 10022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**

**2002 SEP 10 AM 11:18**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



**DUE BY SEPTEMBER 25, 2002**

4. FEI Number **13-3589919**

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**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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.

**\$0.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **F95000002141**  
NAME **RELATED INDEPENDENCE ASSOCIATES, INC.**  
STREET ADDRESS **625 MADISON AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10022**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**8/22/2002 212-421-5333**

Date

Daytime Phone #

CR2E003 (4/02)