

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B95000000191

1. Entity Name
**RELATED INDEPENDENCE ASSOCIATES, LIMITED
PARTNERSHIP**



Principal Place of Business
C/O THE RELATED COMPANIES, L.P./LEGAL DEP.
625 MADISON AVENUE
NEW YORK, NY 10022

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

FILED
03 APR 30 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number
13-3589919

Applied For
Not Applicable

Zip

Country

Zip

Country

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 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

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

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600017635926

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: *Teresa Wicelinski* **Teresa Wicelinski**

4/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)



CORPORATION SERVICE COMPANY™

B9500000191

(2)

ACCOUNT NO. : 072100000032

REFERENCE : 075874 4321791

AUTHORIZATION : *Patricia Pigjito*

COST LIMIT : \$ 141.25

ORDER DATE : April 30, 2003

ORDER TIME : 2:50 PM

ORDER NO. : 075874-090

CUSTOMER NO: 4321791

CUSTOMER: Ms. Marsha Fincher
The Related Companies, Inc.
9th Floor
625 Madison Avenue
New York, NY 10022

FILED
03 APR 30 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 APR 30 PM 3:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: RELATED INDEPENDENCE
ASSOCIATES, LIMITED
PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____

BK