

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B95000000346**

1. Entity Name

**LC-SFS ASSOCIATES, LIMITED PARTNERSHIP**

FILED

00 FEB -7 PM 4: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: C/O THE RELATED COMPANIES, L.P. 625 MADISON AVE. 5TH FL. ATTN: LEGAL DEPT. NEW YORK NY 10022	Mailing Address C/O THE RELATED COMPANIES, L.P. 625 MADISON AVE. 5TH FL. ATTN: LEGAL DEPT. NEW YORK NY 10022-1801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **13-3842052** | Applied For Not Applicable  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$99.00** | 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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>F95000004749</b> <b>LC-SFS ASSOCIATES, INC.</b> <b>C/O 625 MADISON AVENUE</b> <b>NEW YORK NY 10022</b>	STREET ADDRESS CITY-ST-ZIP	<b>600003127986--5</b> <b>-02/09/00--01111--013</b> <b>****141.25 ****141.25</b>
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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **ROBERT CAHN** | **1/20/00** | **212-421-5580**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #