2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

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1. Entity Name

TRÂDE CENTER COMPLEX LIMITED PARTNERSHIP

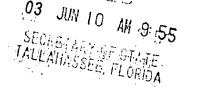


Principal Place of Business C/O GE ASSET MANAGEMEN					
3003 SUMMER STREET					
STAMEORN OT ORGON					

Mailing Address

1201	HAYS	ST	REE	:T
TALL	AHASS	ΕE	FΙ	32301

PORT (UBR)	Fill re				
5		FILED 03 JUN 10 AM 9:5 SECRETARING SEE FLORIDA				
s TION SERVICE COMPANY FET		LORIDA				



Principal Place of Business 3. Mailing Ad		TALLAHASSEE FL	32301		DUE BY MAY 1, 2003			
		3. Mailing Addres	s					
		Suite, Apt. #, et	c.					
City & State		City & State	City & State		4. FEI Number 06-1451253 Applie			
					Not App			
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				
CORPORATIO	ON SERVICE COMPANY			Name	-			
1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301						0		
				City	FI	Zip Code		

8.	The above named entity submits this statement for the purpose of c	hanging its	regis	stered office o	r registered	agent, or both,	in the State of Florida.	I am familiar with, and accep
	the obligations of registered agent.	Carol	К.	Dolor,	Asst.	V.P.	05/29	9/03
SI	GNATURE Signature, typed or printed name of registered agent and title if applicable.	- -			-			DATE

9. Capital Contributions as Shown on record.

\$26,007,149,41

10. Amount of Capital Contributions in FLORIDA to date. \$20,007,149.41 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	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME	F9600000786 BROWARD RPF III REALTY CORP.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	3003 SUMMER STREET STAMFORD CT 06904	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	700020523587 06/10/0301066007 **526.25
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME	·	STREET ADDRESS	700020523587
STREET ADDRESS : City-St-Zip		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	·
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	h w
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	171V
DOCUMENT / NAME		STREET ADDRESS	\
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

SIGNATURE:

^{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