2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9600000173 1. Entity Name						FILED	
COOLIDGE VALENCIA ASSETS LIMITED PARTNERSHIP						SECRETARY OF ST DIVISION OF CORPOR	ATE ATIONS
Principal Place of Business 455 Central Park Ave. Scarsdale, NY 10583 Mailing Address 455 Central Scarsdale, NY						OO APR 18 AMII	: 43
2. Principal Pl	lace of Busin	ess .	3. Mailing Address			- m	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN	HIS SPACE
City & State			City & State			4. FEI Number 13-2843929	Applied For Not Applicable
Zip	Country		Zip	Cour	itry		\$8.75 Additional Fee Required
	6. Name	and Address of Curren	t Registered Agent		Name	7. Name and Address of New Regis	tered Agent
CT Corporation System 1200 South Pine Island Rd					Street Address (P.O. Box Number is Not Acceptable)		
Plantation, FL 3332					City		FL Zip Code
8. The above	named entity	submits this statement f	for the purpose of changing	its register	ed office or regis	stered agent, or both, in the State of Florida	
SIGNATURE _							DATE
9. Capital Cor	ntributions	or printed name of registered ager	10. Amount of Ca	pital Contri	d Agent signature requ butions	11. MAKE CHECK P	AYABLE TO DEPT. OF STATE
as Shown o	Δ (SENERAL PARTNER	THAT IS A BUSINESS I	ENTITY M	UST BE REG	ISTERED AND ACTIVE WITH THIS O	FFICE.
12.	NOTE	GENERAL PARTNE		13.	; an amenum	ent must be filed to change a gener ADDRESS CHANG	
DOCUMENT #							
NAME Street address City-St-Zip	455 Central Park Ave., Ste. 308				'-ST-ZIP		
DOCUMENT #	Scars	dale, NY 105	83 ———	STR	EET ADDRESS	00000323 -05/03/00)01157024
STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP	*************************************	25 ****525.25
DOCUMENT # NAME			* * * * *****************	STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CIT	- ST- ZIP		
DOCUMENT # NAME				STR	EET ADORESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
DOCUMENT #	,			STR	EET ADDRESS		
STREET ADDRESS				CITY	-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS				STR	EET ADDRESS		
CITY-ST-ZIP					'-ST-ZIP	2	
indicated	on this repoi er or trustee	t is true and accurate an empowered to execute t	d that my signature shall ha his report as required by Cr	napter 620,	e legal errect as Florida Statutes	Section 119.07(3)(i), Florida Statutes. I furtif made under oath; that I am a General Pa	There certify that the impormation riner of the limited partnership or
		BIGNATURE AND TYPED O	DR PRINTED NAME OF SIGNING GEN	TERAL PARTNI	Wy VIC	E PRES	- Dayline Chone #