

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B96000000274**

1. Entity Name

PG TEMPLE TERRACE ASSOCIATES, LIMITED PARTNERSHI

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**9 EAST LOOCKERMAN STREET
DOVER DE 19901**

Mailing Address
**C/O R D MANAGMENT CORP.
810 SEVENTH AVENUE, 28TH FLOOR
NEW YORK NY 10019-5818**



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 13-3787987	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MURRAY, STANLEY L
8260 S.W. 87TH TERRACE
MIAMI FL 33143**

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. \$904,667.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # F96000003424	NAME TWENTY-FIRST AP#11 CORP.	STREET ADDRESS	
STREET ADDRESS 810 SEVENTH AVE, 28TH FL, C/O RD MANAGMENT	CITY - ST - ZIP NEW YORK NY 10019	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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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 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

1/26/2000

Date Daytime Phone #

0000073
66/6/99
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