

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000478

1. Entity Name

DEL MAR VILLAGE LIMITED PARTNERSHIP

Principal Place of Business

5454 WISCONSIN AVENUE, SUITE 1265
CHEVY CHASE MD 20815

Mailing Address

5454 WISCONSIN AVENUE, SUITE 1265
CHEVY CHASE MD 20815

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

52-1971741

Applied For

Not Applicable

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$4,100,000.00

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 # F96000006498
NAME RB DEL MAR, INC.
STREET ADDRESS 300 WEST 43RD STREET, 4TH FLOOR
CITY-ST-ZIP NEW YORK NY 10036

STREET ADDRESS

CITY-ST-ZIP

100005451381--6

05/03/02-01105-001

****526.25 ****526.25

DOCUMENT # F96000006499
NAME DEL MAR VILLAGE, INC.
STREET ADDRESS 5454 WISCONSIN AVENUE, SUITE 1265
CITY-ST-ZIP CHEVY CHASE MD 20815

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Michael D.
Rubin

4/22/02 301-951-8811 ext 19

APPROVED
AND
FILED

02 APR 25 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0017693
AT

CR2E003 (9/01)