

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000221

1. Entity Name

RIDA ASSOCIATES LIMITED PARTNERSHIP

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

RIDA-OP, INC.
5444 WESTHIMER, SUITE 1605
HOUSTON TX 77056

Mailing Address

215 NORTH EOLA DRIVE
ORLANDO FL 32801-2028

2. Principal Place of Business

3. Mailing Address

1201 Hays Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tallahassee, Florida 32301-2525

4. FEI Number

13-3942754

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$9,702,300.00

10. Amount of Capital Contributions
in FLORIDA to date.

1000

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 # P97000033534
NAME RIDA-OP, INC.
STREET ADDRESS 5444 WESTHIMER, SUITE 1605
CITY - ST - ZIP HOUSTON TX 77056

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # B97000000180
NAME AP-GP RIDA SOUTHGATE, L.P.
STREET ADDRESS 1301 AVENUE OF THE AMERICAS
CITY - ST - ZIP NEW YORK NY 10019

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/11/00 800-541-5241