

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000221

1. Entity Name

RIDA ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business

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

Mailing Address

1201 HAYS STREET
TALLAHASSEE FL 32301-2525

FILED

01 MAY -4 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

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 Contribution:
in FLORIDA to date.

9,000,000.-

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

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/01

Date

800-541-5841

Daytime Phone #