

2002 UNIFORM BUSINESS REPORT (UBR)

0002462 AB

DOCUMENT # B97000000346

1. Entity Name

HIMMEL WEST PALM, L.P.

FILED

2002 SEP 23 PM 3:01

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O THE RELATED COMPANIES, L.P.
625 MADISON AVENUE, LEGAL DEPARTMENT
NEW YORK NY 10022

Mailing Address
C/O THE RELATED COMPANIES, L.P.
625 MADISON AVENUE, LEGAL DEPARTMENT
NEW YORK NY 10022

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 04-3378575
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

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$100.00
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 # | F97000003620 | STREET ADDRESS | STREET ADDRESS | |
| NAME | HIMMEL WEST PALM BEACH CORP. | CITY-ST-ZIP | CITY-ST-ZIP | |
| STREET ADDRESS | 625 MADISON AVENUE, LEGAL DEPARTMENT | | | |
| CITY-ST-ZIP | NEW YORK NY 10022 | | | |
| DOCUMENT # | | STREET ADDRESS | STREET ADDRESS | 300008055739-1 |
| NAME | | CITY-ST-ZIP | CITY-ST-ZIP | -09/26/02--01050--019 |
| STREET ADDRESS | | | | ****141.25 ****141.25 |
| CITY-ST-ZIP | | | | |
| DOCUMENT # | | STREET ADDRESS | STREET ADDRESS | 400008055784-2 |
| NAME | | CITY-ST-ZIP | CITY-ST-ZIP | 09/26/02--01050--020 |
| STREET ADDRESS | | | | ****400.00 ****400.00 |
| CITY-ST-ZIP | | | | |
| DOCUMENT # | | STREET ADDRESS | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | CITY-ST-ZIP | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| DOCUMENT # | | STREET ADDRESS | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | CITY-ST-ZIP | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |

CR2E003 (4/02)

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: 8/22/02 202 421 5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date Daytime Phone #