

2001 UNIFORM BUSINESS REPORT (UBR)

0018834 AB

DOCUMENT # B97000000484

1. Entity Name

FC/WRE REALTY ASSOCIATES I, L.P.

FILED

01 APR 23 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FL



DO NOT WRITE IN THIS SPACE

Principal Place of Business

ONE PARK ROW
PROVIDENCE RI 02903

Mailing Address

P.O. BOX 6187
PROVIDENCE RI 02940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1489706

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 # B97000000483
NAME WREIF-FORT MYERS, L.P.
STREET ADDRESS 174 WICKENDEN STREET
CITY-ST-ZIP PROVIDENCE RI 02903

STREET ADDRESS One Park Row, 4th Floor
CITY-ST-ZIP Providence, RI 02903

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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.

By: Starwood Wasserman Fort Myers, LLC, its General Partner
By: Starwood Wasserman LLC, its Sole Member

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

David D. Wasserman, Vice President

4/12/01

Date

401-274-5700

Daytime Phone #

CR2E003 (11/00)