

2002 UNIFORM BUSINESS REPORT (UBR)

1 of 2

0003098 AB

DOCUMENT# B98000000016

1. Entity Name
JACK STRAW LIMITED PARTNERSHIP

FILED

02 SEP -6 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

9/16



Principal Place of Business: **2601 S. BAYSHORE DRIVE, SUITE 300-A MIAMI FL 33133-5413**

Mailing Address: **ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

DUE BY SEPTEMBER 25, 2002

4. FEI Number: **65-0807701**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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: **\$250,000.00**

10. Amount of Capital Contributions in FLORIDA to date: **\$ 250,000.00**

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	
DOCUMENT #	M02000000831
NAME	PLAZA WEST GP, LLC
STREET ADDRESS	PIER 1 BAY 1
CITY-ST-ZIP	SAN FRANCISCO CA 94111
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	000007796780--0
STREET ADDRESS	-09/17/02--01015--027
CITY-ST-ZIP	***926.75 ***926.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **8-27-02** Daytime Phone #: **415-394-9000**

CR2E003 (4/02)

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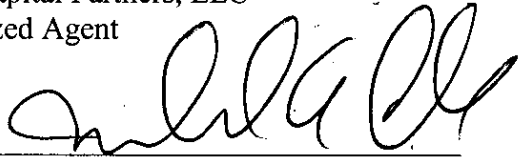
State of Florida
Limited Partnership Uniform Business Report
Document #B9800000016
Jack Straw Limited Partnership

General Partner:

Plaza West GP, LLC
a Delaware limited liability company

By: City and County of San Francisco Employees' Retirement System
Its: Sole Member

By: AMB Capital Partners, LLC
Its: Authorized Agent

By: 
Michael A. Coke
Executive Vice President,
Chief Financial Officer and Treasurer