

2002 UNIFORM BUSINESS REPORT (UBR)

1022

0003098 AB

DOCUMENT# B98000000016

1. Entity Name

JACK STRAW LIMITED PARTNERSHIP

FILED

02 SEP -6 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MMJH



Principal Place of Business

Mailing Address

2601 S. BAYSHORE DRIVE, SUITE 300-A
MIAMI FL 33133-5413

ONE GREENWAY PLAZA, SUITE 850
HOUSTON TX 77046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 65-0807701

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

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

DATE

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

000007796780--0

-09/17/02-01015-027

***326.75 ***326.75

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-27-02

415-394-9000

Date

Daytime Phone #

CR2E003 (4/02)

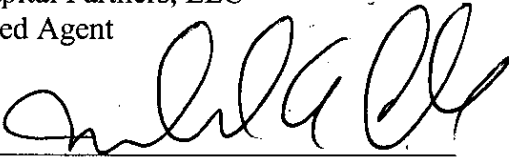
State of Florida
Limited Partnership Uniform Business Report
Document #B98000000016
Jack Straw Limited Partnership

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