

# 2000 UNIFORM BUSINESS REPORT (UBR)

0000115 N

DOCUMENT # **B98000000019**

1. Entity Name  
**TST GATEWAY CENTER LIMITED PARTNERSHIP**

FILED

00 FEB 15 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business C/O TISHMAN SPEYER PROPERTIES 520 MADISON AVENUE NEW YORK NY 10022	Mailing Address C/O TISHMAN SPEYER PROPERTIES 520 MADISON AVENUE NEW YORK NY 10022-4213
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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 <b>13-3972821</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$34,946,158.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	G97364000020
NAME	TISHMAN SPEYER/TRAVELERS ASSOCIATES
STREET ADDRESS	520 MADISON AVE.
CITY - ST - ZIP	NEW YORK NY 10022
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	<b>600003151526-1 -03/01/00--01001--008 ***534.00 ***534.00</b>
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: *TST Gateway Center, Limited Partnership*  
**SIGNATURE REQUIRED** *Bole D. Saber* *2/8/00* *212-593-9480*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

*By: Vice President of Tishman Speyer/Travelers Associates, Its General Partner*

CR2E003 (9/99)