

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 APR 30 PM 6:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000537

1. Entity Name

NORTHCO MANAGEMENT SERVICES LP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Colonnade Properties LLC

c/o Colonnade Properties LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

One Rockefeller, Suite 2300

One Rockefeller, Suite 2300

City & State

City & State

New York, NY

New York, NY

Zip

Country

Zip

Country

10020

10020

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

Applied For

Not Applicable

41-1909892

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

9. Capital Contributions
as Shown on record.

180.00

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

DOCUMENT # M98000000948
NAME Northco - TSG Managers LLC
STREET ADDRESS One Rockefeller Plaza, Suite 2300
CITY-ST-ZIP New York, NY 10020

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700005502907--1
-05/10/02--01053--024
****141.25 ****141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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:

4/23/02

212-632-6900

CR2E003B (12/01)