

2000 UNIFORM BUSINESS REPORT (UBR)

10183231 11

DOCUMENT # B99000000206

1. Entity Name

NALP LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43



DO NOT WRITE IN THIS SPACE

Principal Place of Business
100 GALLERIA OFFICENTRE, SUITE 219
SOUTHFIELD MI 48034

Mailing Address
100 GALLERIA OFFICENTRE, SUITE 219
SOUTHFIELD MI 48034-8428

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
Not Applicable

1333436749

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 Janet Aronoff
Street Address (P.O. Box Number is Not Acceptable)
626 Gulfshore Boulevard South
City Naples FL Zip Code 34102

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 Janet Aronoff

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/2000

9. Capital Contributions as Shown on record. \$10,669,746.00

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 # F99000002630
NAME NAPLES MALL, INC.
STREET ADDRESS 100 GALLERIA OFFICENTRE, SUITE 219
CITY - ST - ZIP SOUTHFIELD MI 48304

STREET ADDRESS
CITY - ST - ZIP
3000003241793--0
-05/08/00--01013--009
****526.25 ****526.25

DOCUMENT # B99000000205
NAME AIRIDGE ASSOCIATES LIMITED PARTNERSHIP
STREET ADDRESS 1533 NORTH WOODWARD AVE., SUITE 340
CITY - ST - ZIP BLOOMFIELD HILLS MI 48304

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/13/2000 248-352-7666