

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** B99000000206

1. Entity Name

NALP Limited Partnership

**FILED**

01 MAY -4 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business** 100 Galleria Officentre  
Suite 219  
Southfield, MI 48034

**Mailing Address** 100 Galleria Officentre  
Suite 219  
Southfield, MI 48034

**2. Principal Place of Business**  
38500 Woodward Ave.  
Suite, Apt. #, etc.  
Suite 310

**3. Mailing Address**  
38500 Woodward Ave.  
Suite, Apt. #, etc.  
Suite 310

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 13-3436749 **Applied For**  
Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**City & State** Bloomfield Hills, MI **City & State** Bloomfield Hills, MI

**Zip** 48304 **Country** **Zip** 48304 **Country**

**6. Name and Address of Current Registered Agent**  
Aronoff, Janet  
626 Gulf Shore Blvd., South  
Naples, FL 34102

**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.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. Capital Contributions as Shown on record.** 10,669,746.00 **10. Amount of Capital Contributions in FLORIDA to date.** 10,669,746.00

**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 # NAME STREET ADDRESS CITY-ST-ZIP	F99000002630 Naples Mall Inc. 100 Galleria Officentre Southfield, MI 48034	STREET ADDRESS CITY-ST-ZIP	38500 Woodward Ave., Suite 310 Bloomfield Hills, MI 48304
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	B9900000205 Airidge Associates Limited 1533 N Woodward Ave., Ste 340 Bloomfield Hills, MI 48304	STREET ADDRESS CITY-ST-ZIP	38500 Woodward Ave., Suite 310 Bloomfield Hills, MI 48304
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	800004368048-9 06/05/01 01077 019 ****526.25 ****526.25
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CR2E003 (1/00)

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:**  **4/30/01 248-642-0190**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **ARNOLD Y. ARONOFF** Date Daytime Phone #