

2002 UNIFORM BUSINESS REPORT (UBR)

0017935
AT

DOCUMENT # B99000000206

1. Entity Name

NALP LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR -4

Principal Place of Business

38500 WOODWARD AVE., STE. 310
BLOOMFIELD HILLS MI 48304

Mailing Address

38500 WOODWARD AVE., STE. 310
BLOOMFIELD HILLS MI 48304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

13-3436749

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

ARONOFF, JANET

626 GULF SHORE BOULEVARD SOUTH
NAPLES FL 34102

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

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

DATE

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 # B99000000205
NAME AIRIDGE ASSOCIATES LIMITED PARTNERSHIP
STREET ADDRESS 38500 WOODWARD AVE., STE. 310
CITY-ST-ZIP BLOOMFIELD HILLS MI 48304

STREET ADDRESS

CITY-ST-ZIP

AL

DOCUMENT # B01000000322
NAME NAPLES C.C. PARTNERS LIMITED PARTNERSHIP
STREET ADDRESS 100 GALLERIA OFFICENTRE SUITE 219
CITY-ST-ZIP SOUTHFIELD MI 48304

STREET ADDRESS

CITY-ST-ZIP

38500 Woodward Ave., Suite 310

Bloomfield Hills, MI 48304

DOCUMENT #
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CITY-ST-ZIP

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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 REQUIRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JANET ARONOFF

3-5-02

248-642-0190

Date

Daytime Phone #

CR2E003 (9/01)