

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR -8 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0020772 SP

DOCUMENT # B99000000267

1. Entity Name

AZO-D LP.

Principal Place of Business

50 ROCKERFELLER PLAZA  
2ND FLOOR  
NEW YORK NY 10020

Mailing Address

50 ROCKERFELLER PLAZA  
2ND FLOOR  
NEW YORK NY 10020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

13-4069190

Applied For

Not Applicable

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

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.

\$848,194.00

10. Amount of Capital Contributions  
in FLORIDA to date.

848,194.00

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 # M99000001049  
NAME AZO VALET (DE) LLC  
STREET ADDRESS 50 ROCKERFELLER PLAZA  
CITY-ST-ZIP NEW YORK NY 10020

STREET ADDRESS

CITY-ST-ZIP

100005258861--2

-04/12/02--01113--005

\*\*\*\*\*88.75 \*\*\*\*\*88.75

DOCUMENT #  
NAME  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100005258861--2

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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

By: AZO VALET (DE) LLC By: AZO VALET (DE) LLC

SIGNATURE: By: Frank Machado, ZVP 1/15/02 (212) 492-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)