

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000348**

1. Entity Name  
**ASSET BETEILIGUNGSGESELLSCHAFT MBH & CO., LTD.**

Principal Place of Business  
**375 LEXINGTON AVENUE  
NEW YORK NY 10017**

Mailing Address  
**375 LEXINGTON AVENUE  
NEW YORK NY 10017**

**FILED**

**01 AUG 29 PM 12:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY SEPTEMBER 26, 2001**

4. FEI Number **13-3254665**

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

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. Capital Contributions

**\$1,200,000.00**

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 # **F99000003131**  
NAME **VERWALTUNGSGESELLSCHAFT ASSET MBH**  
STREET ADDRESS **STUBBENHUK 7**  
CITY-ST-ZIP **D-20459 HAMBURG, GERMANY**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300004565243--2**  
**-08/31/01--01027--003**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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**300004565243--2**  
**-08/31/01--01027--004**  
**\*\*\*\*\*408.75 \*\*\*\*\*408.75**

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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 REQUIRED** *Director of Taxes* 7/9/01 212-499-6786  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/01)

STAPLE CHECK HERE