2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000381

1. Entity Name

THE CINELLI FAMILY LIMITED PARTNERSHIP

FILED
01 AUG -6 PM 12:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1149 PARK AVE. NEW YORK NY 10128	303 E. 57TH STREET. SUITE 8F NEW YORK NY 10022

2. Principal Place of Business	3. Mailing Address
NA	NA
Suite, Apt. #, etc. NA	Suite, Apt. #, etc. NA
City & State NA	City & State NA
Zip NA Country NA	Zip NA Country NA

DUE BY SEPTEMBER 26, 2001

4. FEI Number APPLIED FOR 13-4073669 ✓ — 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
ANDERSON, LEILA ESQ. INTRACOSTAL BLDG. SUITE 105 3000 NORTHEAST PL. FT. LAUDERDALE FL 33306-1957	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 Peter B Cinelli, MD 7/5/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$2,229,564.00		610.00

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 #		STREET ADDRESS	303 E 57TH ST APT 8F
NAME	CINELLI, PETER B	CITY-ST-ZIP	NY, NY 10022
STREET ADDRESS	~~225 EAST 64TH STREET~~		
CITY-ST-ZIP	~~NEW YORK~~ NY		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600004527366--5
NAME		CITY-ST-ZIP	-08/09/01--01071--002
STREET ADDRESS			****935.00 ****935.00
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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: Peter B Cinelli, MD 7/5/01 212-427-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (5/01)

FILE FOR RECORD