

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 28 AM 9:22

4/6/4

DOCUMENT # B99000000475

1. Entity Name

NCRAS Management, LP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 S. Andrews Ave.

3. Mailing Address

200 S. Andrews Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

52-2207168

Applied For

Not Applicable

Zip

33301

Country

Zip

33301

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Rd.

City Plantation

FL

Zip Code

33024

**DO NOT WRITE
IN THIS SPACE**

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.

999.00

10. Amount of Capital Contributions
in FLORIDA to date.

999.00

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

DOCUMENT #

F99000006740

NAME

NCRAS - GP, Inc.

STREET ADDRESS

48 Wall Street

CITY-ST-ZIP

New York, NY 10005

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

LP- 52.50
Adm- 89.35

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Harvard D. Schwartz, VP of GP

Date

4/15/02

Daytime Phone #

954-320-4000

CR2E003B (12/01)

STAPLE CHECK HERE