

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY 28 AM 9:22
4/6/02

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.

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33301

Country

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number **52-2207168** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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**

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

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		STREET ADDRESS	CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F99000006740 NCRAS - GP, Inc. 48 Wall Street New York, NY 10005		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			7388895694637-2 -06/06/02--01058--004 ****141.85 ****141.85
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			LP- 52.50 Adm- 89.35
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME 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)(f), 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: **Harold D. Schwartz, VP of GP** **954-320-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date **4/15/02** Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)