

# 2001 UNIFORM BUSINESS REPORT (UBR)

0106688 AT

DOCUMENT # F00000000924

1. Entity Name  
HL JACKSONVILLE G.P., INC.

FILED  
01 AUG 16 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O REAL ESTATE CAPITAL PARTNERS L.P.  
1185 AVENUE OF THE AMERICAS  
NEW YORK NY 10036-2601

Mailing Address  
C/O REAL ESTATE CAPITAL PARTNERS L.P.  
1185 AVENUE OF THE AMERICAS  
NEW YORK NY 10036-2601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-4090321		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KINNEY, ROBERT L		NAME				
STREET ADDRESS	1185 AVENUE OF THE AMERICAS		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SHEWER, KARIN E		NAME				
STREET ADDRESS	1185 AVENUE OF THE AMERICAS		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP				
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SAAS, MARTIN D		NAME				
STREET ADDRESS	1185 AVENUE OF THE AMERICAS		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LAMLE, HUGH R		NAME				
STREET ADDRESS	1185 AVENUE OF THE AMERICAS		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCGEE, ROBERT		NAME				
STREET ADDRESS	1185 AVENUE OF THE AMERICAS		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP				
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WINTER, MARTIN E		NAME				
STREET ADDRESS	1185 AVENUE OF THE AMERICAS		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP				

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE: Robert J McGee 8-7-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)



REAL ESTATE CAPITAL PARTNERS

*Limited Partnership*

August 7, 2001

Division of Corporation  
Registration Section  
409 East Gaines Street  
Tallahassee, FL 32399

Attn: Diane Cushing

Re: HL Jacksonville G.P. Inc.  
Document # F00000000924

Dear Ms. Cushing:

On August 2, 2001, you spoke with my assistant, Carrie Marsh, regarding the 2001 Uniform Business Report for the above entity. You stated that the report was mailed out in January and was due by May 1<sup>st</sup>. We did not receive the report. As per your instructions, we are remitting only the amount due and all penalties have been waived.

Please feel free to contact me directly at (212) 655-4381.

Thank you for your attention in this matter.

Sincerely,

Ellyn Turner  
Controller  
Enc.