(516) 773-3800

Daytime Phone #

2/22/00

APPROVED

2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # M9800000917 1. Entity Name 900 N. FEDERAL HIGHWAY ASSOCIATES L.L.C. | | | | OO MAY -3 PM I2: 08 SECRETARY OF STATE JALLAHASSEE, FLORIDA | | | | | | | | | |
|---|--|--------------------------------|---|--|--|---------------------------|--|--|--|--------------|--|--|---|
| | | | | | | | Principal Place of Business C/O STERLING AMERICAN ADVISORS II L.P. C/O STERLING AMERICAN ADVISORS II L.P. C/O STERLING AMERICAN 111 GREAT NECK ROAD. SUITE 409 GREAT NECK NY 11021 GREAT NECK NY 11021 | | |), SUITE 408 | | | |
| | | | | | | | 2. Principal Place of Business 3. Mailing Address | | | | | 8611) 881)) 88111 88110 18181 11011 1881 | - |
| Suite, Apt. #, etc. Suite, Apt. #, etc | | ' Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | | | | | | | | |
| City & State C | | City & State | | 4. FEI Number 11-3449007 | Applied F | | | | | | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | \$5.00 Additional Fee Required | | | | | | | | |
| | 6. Name and Address of Current | t Registered Agent | - | 7. Name and Address of New Re | jistered Agent | | | | | | | | |
| UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | |
| MIAMI FL 33156 | | | City | FL Zip Code | | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agen | FILE N | TE: Registered Agent signature requirements 10W!!! FEE IS \$50.0 10 10 10 10 10 10 10 | 00 | DATE | - | | | | | | | |
| 9 | MANAGING MEME | BERS/MEMBERS | · 10 | 7== ADDITIONS/C | | | | | | | | | |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP | MGR SAP II MANAGER INC. 111 GREAT NECK ROAD, SUITE GREAT NECK NY 11021 | □ Delete E 408 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change Ac | uentite CRZE083 (9/99) | | | | | | | |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP | | ☐ Defetæ | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200003 -05/30 ***** | | -9 | | | | | | | |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP | , | □ Delote | TITLE RAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Ac | tilition | | | | | | | |
| TITLE NAME STREET ACUSESS CITY-ST-ZIP | | ☐ Deliste | TITLE NAME STREET ADDRESS GITY- ST- ZIP | | ☐ Change ☐ Ad | idtion | | | | | | | |
| TITLE NAME STREET ADDRESS CITY_ST-ZIP | | □ Deksta | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Ac | idition | | | | | | | |
| TITLE MARKE STREET ADDRESS CITY-ST-ZIP | y a war a sawa i | ☐ Delete | TITLE NAME STREFT ADDRESS CITY-ST-ZIP | Since the second second | Change Ac | idition | | | | | | | |
| indicatéd | certify that the information supplied with on this report is true and accurate and hills company or the receiver or truster. | d that my signature shall have | or the exemption stated in the same legal effect as | Section 119.07(3)(i), Florida Statutes. I fif made under oath; that I am a managinater 608. Florida Statutes | urther certify that the informating member or manager of the | ion | | | | | | | |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER