

FILED

03 APR 30 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0000017548780  
04/30/03-0108-019 \*\*55.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M98000001363

1. Entity Name  
**CITYPLACE TOWNHOUSE, L.L.C.**



Principal Place of Business

C/O THE RELATED COMPANIE  
625 MADISON AVE. ATTN: LEGAL  
NEW YORK, NY 10022

Mailing Address

C/O THE RELATED COMPANIE  
625 MADISON AVE. ATTN: LEGAL  
NEW YORK, NY 10022

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-4029618**

Applied For

[ ] Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2529**

Name

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

City

FL

Zip Code

6. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE:

[Signature, typed or printed name of registered agent and his/her title]

(NOTE: Registered Agent Signature required when changing)

DATE:

ONE MONTH FEE IS \$50.00  
MAKE CHECK PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO TALLAHASSEE, FL 32301-2529

CR2003 (1002)

8. MANAGING MEMBERS/MANAGERS

9. ADDITIONS/CHANGES

TITLE:	MGR	<input type="checkbox"/> Delete	TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	CITYPLACE PARTNERS		NAME:		
STREET ADDRESS:	826 MADISON AVENUE		STREET ADDRESS:		
CITY-ST-ZIP:	NEW YORK, NY 10022		CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Delete	TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:			NAME:		
STREET ADDRESS:			STREET ADDRESS:		
CITY-ST-ZIP:			CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Delete	TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:			NAME:		
STREET ADDRESS:			STREET ADDRESS:		
CITY-ST-ZIP:			CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Delete	TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:			NAME:		
STREET ADDRESS:			STREET ADDRESS:		
CITY-ST-ZIP:			CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Delete	TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:			NAME:		
STREET ADDRESS:			STREET ADDRESS:		
CITY-ST-ZIP:			CITY-ST-ZIP:		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

ANGEL HERNANDEZ

VICE PRESIDENT

Date: 4/21/03

Daytime Phone: \_\_\_\_\_