

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY-FEE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP,
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra Morthe
Secretary of State
DIVISION OF CORPORATIONS

A08240

1. Name of Limited Partnership

1a. DOCUMENT #
A08240

Idlewild Associates, Ltd.

Mailing Address

Principal Office Address

SAME

c/o PaineWebber Incorporated
1285 Avenue of the Americas
New York, New York 10019

3. Date Formed or Registered
12/13/79

5a. Capital Contributions as
Shown on record
\$1,241,848

3a. Date of Last Report
11/20/96

5b. Amount of Capital
Contributions in FL ORIDA
to date:
\$492,576.00

4. State or Country of Formation
FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number
13-3020183

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Suite 105
Tallahassee, Florida 32301

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Lise J. Mully

DATE 12-17-97

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

PW Idlewild Corp.

1285 Avenue of the
Americas

New York, NY 10019

845202

900002380349--8
-12/23/97--01053--001
****541.25 ****541.25

BRK 12/18/97

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

[Signature]

DATE 11-5-97

CR2E003 (6/96)