

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

97 JAN -9 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership

1a. DOCUMENT #
A14519

JAZAR ASSOCIATES LIMITED PARTNERSHIP



Mailing Address
**C/O NEWKIRK LIMITED PARTNERSHIP
411 WEST PUTNAM AVENUE
GREENWICH CT 06830**

Principal Office Address
**C/O NEWKIRK LIMITED PARTNERSHIP
411 WEST PUTNAM AVENUE
GREENWICH CT 06830**

3. Date Formed or Registered
05/19/1983

5a. Capital Contributions as
Shown on record.
\$0.00

3a. Date of Last Report
11/01/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation
CT

2. Mailing Address

500 West Putnam Ave

2a. Principal Office Address

500 West Putnam Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greenwich, CT

City & State

Greenwich, CT

Zip **06830** Country **USA**

Zip **06830** Country **USA**

6. FEI Number
13-3175966

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 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) _____ DATE _____

**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)

**GREENE, JAMES R
ZAR CORP.**

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

**411 WEST PUTNAM AVENUE
411 WEST PUTNAM AVENUE**

11b. City, State & Zip Code

**GREENWICH CT 06830
GREENWICH CT 06830**

11c. Registration/
Document Number

852525

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-01/14/97--01178--027
****191.25 ****191.25

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. **JAZAR ASSOCIATES LIMITED PARTNERSHIP**

SIGNATURE _____

DATE

9-18-96

Typed or Printed Name of General Partner Signing Form

James R. Greene

Daytime Telephone Number

203-629-3600

CR2E003 (6/96)