

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 MAR 26 AM 8:38

1. Name of Limited Partnership	1a. DOCUMENT # A92000000040
THE COLDBROOKE LIMITED PARTNERSHIP	



Mailing Address 17047 BOCA CLUB BLVD. UNIT 141A BOCA RATON FL 33487	Principal Office Address 17047 BOCA CLUB BLVD. UNIT 141A BOCA RATON FL 33487	3. Date Formed or Registered 11/09/1992	5a. Capital Contributions as Shown on record. \$3,800,000.00
		3a. Date of Last Report 02/14/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$3,800,000.00
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 65-0359306 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent MAHLER, I. KENNETH 17047 BOCA CLUB BLVD. UNIT 141A BOCA RATON FL 33487	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 400002126784--0 Suite, Apt. #, etc. -03/28/97--01052--001 City ****541.25 Zip Code FL
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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) *[Signature]* DATE **3/18/97**

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) COLDBROOKE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 291 FARMINGTON AVE 195 FARMINGTON AVE	11b. City, State & Zip Code FARMINGTON CT 06032	11c. Registration/Document Number F9200000150 <i>CR</i> 3-27
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CR2E003 (11/96)

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 **3-13-97**
 Typed or Printed Name of General Partner Signing Form **PHILIP MAHLER, PRESIDENT COLDBROOKE, INC** Daytime Telephone Number **(860) 573-1600**