

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 MAR 17 PM 4: 13

SECRETARY OF STATE



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

Mailing Address 20320 FAIRWAY OAKS DR., 331 BOCA RATON FL 33434	Principal Office Address 20320 FAIRWAY OAKS DR., 331 BOCA RATON FL 33434
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 11/09/1992	5a. Capital Contributions as Shown on record \$3,800,000
3a. Date of Last Report 03/09/1998	5b. Amount of Capital Contributions in FLORIDA to date \$3,800,000
4. State or Country of Formation FL	6. FEI Number 65-0359306
7. Certificate of Status Desired <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MAHLER, I. KENNETH 20320 FAIRWAY OAKS DR., 331 BOCA RATON FL 33434
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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) COLDBROOKE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 195 FARMINGTON AVE	11b. City, State & Zip Code FARMINGTON CT 06032	11c. Registration/ Document Number F9200000150
000002820920--3 -03/26/99--01129--003 *****535.00 *****535.00 <i>3-23-99</i>			

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 <i>Kenneth Mahler</i>	DATE 3/10/99
Typed or Printed Name of General Partner Signing Form: Kenneth Mahler	Daytime Telephone Number: 561-470-0940

CR2E003 (12/98)