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 B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SANZAR II LIMITED PARTNERSHIP

1a. DOCUMENT # B97000000~~569~~ 570

Mailing Address	Principal Office Address
c/o Newkirk Limited Partnership 500 West Putnam Avenue Greenwich CT 06830	c/o Newkirk Limited Partnership 500 West Putnam Avenue Greenwich CT 06830

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Formed or Registered: 10/23/97

3a. Date of Last Report:

4. State or Country of Formation: DELAWARE

5a. Capital Contributions as Shown on record: $54,751.65 per Allison Forrester 11/19/97

5b. Amount of Capital Contributions in FLORIDA to date: $54,751.65

6. FEI Number: 22-3096520 900002946049--7
-11/13/97--01013-015
****541.25 ****541.25

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
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

FF $487.01
OP 54.24
11/21

10a. Pursuant to the provisions of sections 620.1054 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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
Sanzar Manager LLC	c/o Newkirk Limited Partnership 500 West Putnam Avenue	Greenwich CT 06830	M97000000703

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. SANZAR II LIMITED PARTNERSHIP

By: Sanzar Manager LLC, General Partner
By: Sanzar Corp., General Partner
SIGNATURE DATE

Typed or Printed Name of General Partner Signing Form: Jay Chazanoff, Vice President Daytime Telephone Number: (203) 629-3600

CR2E003 (6/97)