


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

FILED

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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 ORANGEWOOD PROPERTIES, LTD.		1a. DOCUMENT # A28669 98-AR CM	
Mailing Address PO BOX 3377, MEMORIAL STATION UPPER MONTCLAIR NJ 07043-3377		Principal Office Address 7383 ORANGEWOOD LANE, UNIT 505 BOCA RATON FL 33433	
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 07/24/1989		5a. Capital Contributions as Shown on record. \$8,811,482.00	
3a. Date of Last Report 01/06/1997		5b. Amount of Capital Contributions in FLORIDA to date.	
4. State or Country of Formation FL		6. FEI Number 65-0106459 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 MAUREEN HEALEY KENNON, P.A. 2499 GLADES ROAD, SUITE 313 BOCA RATON FL 33431		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) SILVERMAN, EDWARD TRUSTEE SILVERMAN, CATHY SILVERMAN, DENISE SILVERMAN, CONSTANCE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7383 ORANGEWOOD LANE, 849 NEWARK TAKE -16 MAYWOOD COURT NEWARK TAKE 849 HARRISON AVE. 849 NEWARK TAKE -518 GREGORY AVE.	11b. City, State & Zip Code BOCA RATON FL 33433 KEARNY, NJ 07032 NORTH GARDWELL NJ 070 KEARNY NJ 07032 KEARNY, NJ 07032 WEEHAWKEN NJ 07087	11c. Registration/ Document Number 300002413333--9 -01/27/98--01071--005 ****437.50 ****437.50 300002413333--9 -01/27/98--01071--006 ****103.75 ****103.75
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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

Denise Silverman

DATE

12/1/97

Typed or Printed Name of General Partner Signing Form

DENISE SILVERMAN

Daytime Telephone Number

201 997-2800

CR2E003 (6/97)