

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED

97 OCT 28 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A07765

CIMARRON ASSOCIATES, LTD.

96-AR
CM



Mailing Address

40 CUTTER MILL RD.
SUITE 509
GREAT NECK NY 11021

Principal Office Address

40 CUTTER MILL RD.
SUITE 509
GREAT NECK NY 11021

3. Date Formed or Registered

07/23/1979

5a. Capital Contributions as
Shown on record.

\$742,000.00

3a. Date of Last Report

01/30/1997

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

2. Mailing Address

40 Cuttermill Road
Suite 201

Suite, Apt. #, etc.

City & State

Great Neck, NY

Zip

11021

Country

USA

2a. Principal Office Address

40 Cuttermill Road
Suite 201

Suite, Apt. #, etc.

City & State

Great Neck, NY

Zip

11021

Country

USA

4. State or Country of Formation

NC

6. FEI Number

59-1863224

☐ 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

RICHARD, JOHN
830 ARLINGTON RIVER DR.
JACKSONVILLE FL 32221

10. If changed, now 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)

SKALLOR CORP.

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

40 CUTTERMILL RD.
Suite 201

11b. City, State & Zip Code

GREAT NECK NY 11021

11c. Registration/
Document Number

P05080

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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

Carl Valeri

DATE

10/20/97

Typed or Printed Name of General Partner Signing Form

Carl Valeri, President

Daytime Telephone Number

516-482-5995

CR2E003 (6/97)