

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -9 PM 2:25

1. Name of Limited Partnership

1a. DOCUMENT #
A08521

MARK-METROPOLITAN LTD.

Mailing Address

Principal Office Address

C/O MARK-CALI REALTY CORPORATION
11 COMMERCE DRIVE
CRANFORD, NEW JERSEY 07016

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

1/25/80

5a. Capital Contributions as
Shown on record

\$63,052.35

3a. Date of Last Report

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

\$4,950.00

4. State or Country of Formation

FLORIDA

6. FEI Number

58-2362779

☐ 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)

\$156.25

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

FOWLER WHITE
S. BOB HUMPHRIES
501 EAST KENNEDY BLVD. SUITE 700
TAMPA, FL 33602

Name CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, etc.

City

Plantation

FL

Zip Code

33324

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)

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

DATE 4/9/98

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

Mack-Cali Sub XX, Inc.

11 Commerce Drive

Crandford, NJ 07016

400002486834--7
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****156.25 ****156.25

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

Roger W. Thomas, Executive Vice President of Mack-Cali Sub XX, Inc.

DATE

4/8/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

908-497-2612