

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 NOV -6 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FF \$368.00

1. Name of Limited Partnership
1a. DOCUMENT #
A09336

HARPARD ASSOCIATES LIMITED PARTNERSHIP

Mailing Address C/O NEWKIRK LIMITED PARTNERSHIP 500 W. PUTNAM AVE. GREENWICH CT 06830		Principal Office Address C/O NEWKIRK LIMITED PARTNERSHIP 500 W. PUTNAM AVE. GREENWICH CT 06830		3. Date Formed or Registered 09/18/1980	5a. Capital Contributions as Shown on record. \$37,750.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 11/25/1996	
				4. State or Country of Formation CT	5b. Amount of Capital Contributions in FLORIDA to date:
				6. FEI Number 13-2968356	<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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Numbers Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) ADGOLD ASSOCIATES LLC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) % 500 W. PUTNAM AVE.	11b. City, State & Zip Code GREENWICH CT	11c. Registration/ Document Number 11/10/97-01149-012 200002343272-5 ****368.00 ****368.00
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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.

HARPARD ASSOCIATES LIMITED PARTNERSHIP By: Adgold Associates LLC
SIGNATURE By: Adgold Manager LLC

DATE

Typed or Printed Name of General Partner Signing Form Jay Chazanoff, a Member

Daytime Telephone Number 203-629-3600

CR2ED03 (6/97)