

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

<p><b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b></p>			<p>FLORIDA DEPARTMENT OF STATE  <b>Sandra B. Mortham</b>  Secretary of State  DIVISION OF CORPORATIONS</p>
<p><b>1. Name of Limited Partnership</b></p>	<p><b>1a. DOCUMENT #</b>  <b>A09610</b></p>		
<p><b>CAROLDALE ASSOCIATES LIMITED PARTNERSHIP</b></p>			
<p>Mailing Address</p> <p><b>% NEWKIRK LIMITED PARTNERSHIP 500 WEST PUTNAM AVENUE, 4TH FL GREENWICH CT 06830</b></p>		<p>Principal Office Address</p> <p><b>% NEWKIRK LIMITED PARTNERSHIP 500 WEST PUTNAM AVENUE, 4TH FL GREENWICH CT 06830</b></p>	
<p><b>2. Mailing Address</b></p> <p><b>Suite, Apt. #, etc.</b></p> <p><b>City &amp; State</b></p>		<p><b>2a. Principal Office Address</b></p> <p><b>Suite, Apt. #, etc.</b></p> <p><b>City &amp; State</b></p>	
<p><b>Zip</b></p>	<p><b>Country</b></p>	<p><b>Zip</b></p>	<p><b>Country</b></p>

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3. Date Formed or Registered <b>11/13/1980</b>	5a. Capital Contributions as Shown on record <b>\$90,344.00</b>
3a. Date of Last Report <b>11/25/1996</b>	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation <b>CT</b>	
6. FEI Number <b>13-3046612</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

**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.

**CAROLDALE ASSOCIATES LIMITED PARTNERSHIP** By: Chader Associates LLC  
**SIGNATURE** By: Chader Manager LLC

DATE

**Typed or Printed Name of General Surface Cleaning Form:**

### Jay Chazanoff, A Member

PRACTICAL METHODS

203-629-3600