FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP -- WILL-BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A09610

FILED SECRETARY OF STATE DIVISION OF CORFERATIONS

98 SEP 29 PH 3: 30

CAROLDALE ASSOCIATES LIM	ITED PARTNERSHIP		LIBRAY AND BANK AND BURN	18
Malling Address % NEWKIRK LIMITED PARTNESHIP 500 WEST PUTNAM AVENUE: 4TH FL GREENWICH CT 06630 2. Mailing Address	Principal Office Address % NEWKIRK LIMITED PARTNESHIP 500 WEST PUTNAM AVENUE. 4TH FL GREENWICH CT 66830 2a. Principal Office Address		3. Date Formed or Registered 11/13/1980 3a. Date of Last Report 11/06/1997 4. State or Country of Formation CT	5a. Capital Contributions as Shown on record. \$90,344.00 5b. Amount of Capital Contributions in FLORIDA to date:
c/o The Newkirk Group Sulte, Apt. #, etc. 100 Jericho Quadrangle, #214 City & State	c/o The Newkirk Group Suite, Apt. #, etc. 100 Jericho Quadrangle, #214 City & State		6, FEI Number 13-3046612	Applied For Not Applicable
Jericho, NY Zip Country 11753	Jericho, NY Zip Country 11753		7. Certificate of Status Desired 8. Make check payable to: Dept. of	\$8.75 Additional Fee Required State (See reverse side for fee Information)
THE PRENTICE HALL CORPORATION SYST 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or regent. I am familiar with, and accept the obligations of sections 620.1051 and for the purpose of changing its registered office or register. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	620.192, Florida Statutes, the above-named lipistered agent, or both, in the State of Florida. of section 620.192, Florida Statutes.	Suite, Apt. #, etc. City mited partnership orga Such change was auth	norized by its general partner(s). I hereb	y accept the appointment of poglistered
MUS I 11. Name(s) of General Partner(s)	BE REGISTERED AND 11a. (Do NOT Use Post Office Box h		City, State & Zip Code	11c. Registration/ Document Number
CHADER ASSOCIATES LLC	%500 W. PUTNAM AVE. 100 Jericho Quadra #214		000002	M9700000633 IS IS I

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

see attached

empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

CAROLDALE ASSOCIATES LIMITED PARTNERSHIP

By: **Chader Associates LLC**

General Partner

Chader Manager LLC Managing Member By:

By: Newkirk Manager Corp.

Manager

Allison Forrester, **Assistant Secretary**

(516) 681-3636