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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



BRADALL ASSOCIATES LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #

FILED

97 NOV -6 PM 3: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Malling Address 500 W. PUTNAM AVE., SUITE 400 GREENWICH CT 06830	Principal Office Address 500 W. PUTNAM AVE., SUITE 400 GREENWICH CT 06830 20. Principal Office Address		3	11/24/1982 3. Date Formed or Registered 11/24/1988 3. Date of Last Report 11/25/1996 3. State or Country of Formation	59. Capital Contributions as Shown on record. \$141,863.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Malling Address	·			CT		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		€	13-3142632	Applied For	
Clty & State	City & State		7	Certificate of Status Desired	Not Applicable \$8.75 Additional	
Zip Country	Zip Country			8. Make check payable to: Dept. of State (See reverse side for fee Information)		
Q Name and Address of Current R	egistered Agent	1		10. If changed, new Registere	d Agent/Office	
for the purpose of changing its registered office or registered agent, or both, in the State of Flor agent. I am femiliar with, and accept the obligations of section 620.192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment)			Stroot Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code ed limited partnership organized or registered under the laws of the State of Florida, submits this statement orida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered DATE.			
A GENERAL PARTNER THAT I	S A CORPORATION, I BE REGISTERED AN	LIMITED P D ACTIVE	ARTN WITH	ERSHIP OR OTHE I THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Br	l Partner ox Numbers)	1b.	City, State & Zip Code	11c. Registration/ Document Number	
GREZAR ASSOCIATES XMMTED/PA LLC C/O 500 WEST PUTNAM A		A	GREENWICH CT 06830		M97000000637	
				****5 ****5	345116-08 797-50096-010 41.25 ****541.25	
Note:, General partners MAY NOT	pe changed on this form	n; an amen	dment	must be filed to cha	ange a general partner.	
4A Ada based on the state of th	Attract to the state of the state of the			4.4	Obert de la Carles de Maria de Carles de Carle	

12. I do Nereby certify that the information supplied with this filling 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 logal effects as if made under eath. 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.

BRADALL ASSOCIATES LIMITED PARTNERSHIP By: Greear Associates LLC

James R. Greene, A Member

__ Daytime Telephone Number .

203-629-3600

Typed or Printed Name of General Partner Signing Form