

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

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP
 ANNUAL REPORT
1998

1. Name of Limited Partnership

1a. DOCUMENT #
A14253

LANMAR ASSOCIATES LIMITED PARTNERSHIP



2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

% NEWKIRK LIMITED PARTNERSHIP
 500 W. PUTNAM AVE., 4TH FL
 GREENWICH CT 06830

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 500 W. PUTNAM AVE., 4TH FL
 GREENWICH CT 06830

3. Date Formed or Registered
03/31/1983

3a. Date of Last Report
11/25/1996

4. State or Country of Formation
PA

5a. Capital Contributions as Shown on record.
\$936,728.00

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

6. FEI Number
13-3164585

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)

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATIN SYSTEM
1201 HAYS ST., SUITE 105
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name **FF \$541.25**

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc. *Walt 11/21*

City **FL** Zip Code

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 filing of the required forms with the registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

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-11/26/97--01110--003
*****541.25 ***541.25**

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
BATTIN ASSOCIATES	% 500 W. PUTNAM AVE.	GREENWICH CT	G91231900036 - <i>G19700000758</i> <i>(FIC Reg. expired & entity re-registered as gp)</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 empowered to execute this report as required by chapter 620, Florida Statutes.

LANMAR ASSOCIATES LIMITED PARTNERSHIP

By: **Battin Associates, General Partner** By: **Battin Limited Partnership, General Partner**

SIGNATURE By: *[Signature]* DATE _____
Richard Ader, Vice President

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number **203-629-3600**

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