

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
A17665

98 SEP 21 AM 11:33

TIN CITY PARTNERS LIMITED



Mailing Address  1200 FIFTH AVENUE SOUTH NAPLES FL 33940	Principal Office Address  1200 FIFTH AVENUE SOUTH NAPLES FL 33940	3. Date Formed or Registered  08/15/1984	5a. Capital Contributions as Shown on record.  \$820,000.00
2. Mailing Address  Suite, Apt. #, etc.  City & State	2a. Principal Office Address  Suite, Apt. #, etc.  City & State	3a. Date of Last Report  10/06/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Zip  Country	Zip  Country	4. State or Country of Formation  FL	6. FEI Number  58-1592130 <input type="checkbox"/> Applied For <input type="checkbox"/> 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  JACOB, ARTHUR W 431 PALM COURT NAPLES FL 33963	10. If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number Is Not Acceptable)  400002647674--3
	Suite, Apt. #, etc.  -09/24/98-01002-011  City  *****526.25 * * * * 526.25 FL

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)  R.S. CENTERS, INC. MARKS, BURTON H.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  % 115 CENTRAL PARK W. 115 CENTRAL PARK WEST	11b. City, State & Zip Code  NEW YORK NY NEW YORK NY	11c. Registration/ Document Number  G93388  <i>Ch A-82</i>
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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.

SIGNATURE

Burton H. Marks

DATE 9/18/98

212-769-4040

Typed or Printed Name of General Partner Signing Form