

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

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 13 AM 11:19



1. Name of Limited Partnership

1a. DOCUMENT #  
**A18710**

**PALM CENTER ASSOCIATES LIMITED PARTNERSHIP**

Mailing Address

% SEAVEST INC.  
707 WESTCHESTER AVE., #401  
WHITE PLAINS NY 10604

Principal Office Address

% LOVE REALTY  
18 HOTEL DRIVE  
WHITE PLAINS NY 10605

3. Date Formed or Registered

12/28/1984

5a. Capital Contributions as Shown on record

\$2,540,000.00

3a. Date of Last Report

03/17/1997

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

4. State or Country of Formation

FL

6. FEI Number

13-3216282

☐ 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)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

707 Westchester Ave.

Suite, Apt. #, etc.

401

City & State

White Plains NY

Zip Country

10604 USA

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is not acceptable)

508002321018--2

Suite, Apt. #, etc.

-10/15/97-01078-002

City

\*\*\*\*541.25 \*\*\*\*541.25

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 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)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

BRONXVILLE II LLC

707 WESTCHESTER AVENUE

WHITE PLAINS NY 10604

M96000000399

**KWM**

**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

*[Signature]*

DATE

10-7-97

Typed or Printed Name of General Partner Signing Form

by: *Richard D. Segal* - Bronxville II, LLC

Daytime Telephone Number

914 661-4489

CR2E003 (6/97)