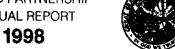
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A18710

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT 13 AMII: 19



PALM CENTER ASSOCIATES LIMITED PARTNERSHIP) (
Isling Address Principal Office Address 6 SEAVEST INC. % LOVE REALTY 07 WESTCHESTER AVE #401 18 HOLDE DRIVE WHITE PLAINS NY 10604 WHITE PLAINS NY 10605			3. Date Formed or Registered 12/28/1984 3a. Date of Last Report 03/17/1997	5a. Capital Contributions as Shown on record. \$2,540,000.00 5b. Amount of Capital Contributions in FLORIDA
2. Malling Address	2a. Principal Office Address	1		to date:
Suite, Apt. #, etc. City & State	Suite Apt. #, ote-	Suito Apt. #, etc. 40) City & State		Applied For Not Applicable
Zip Country	White Plains	S NY Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
	10604	USA	8. Make check payable to: Dept. of	State (See reverse side for fee information
9. Name and Address of Cur	10. If changed, new Registered Agent/Office Name			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Street Address (P.O. Box Number Ship Paper 10 13 2 1 1 1 3 2 2 2 3 2 1 1 1 3 2 2 3 3 2 1 1 1 3 3 2 3 3 3 3 3 3 3		
agent. I am familiar willt, and accept the obligat SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	e or registured agent, or both, in the State of Flori tions of section 620,192, Florida Statutos.	ida. Such change was a	uthorized by its goneral partner(s). I have DATE TNERSHIP OR OTHE	aby accept the appointment of registered
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NO1 Use Post Office Box	n .	City. State & Zip Code	11c. Registration/ Document Number
BRONXVILLE II LLC	707 WESTCHESTER AVEN		HTE PLAINS NY 10604	M9600000399
Note: General partners MAY NO	OT be changed on this form	: an amendme	ent must be filed to che	KWW
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance this annual report is true and accurate and that management to execute this appart as required by	ith this filing is voluntarily furnished and does not with Section 119.07(3)(k) in the event that the info y signature shall have the same legal effects as if	qualify for the exemption	n stated in Section 119 07(3)(k), Florida med exempt from public access. I furth	Statutes I release the Division of er certify that the information indicated on

Typed or Printed Name of General Partner Signing Form Richard D. Sayal - Bronxville II, uc Daytime Telephone Number.