


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 28 PM 12:56

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership CECIL ASSOCIATES LIMITED PARTNERSHIP		1a. DOCUMENT # A18750	
Mailing Address C/O NEWKIRK LIMITED PARTNERSHIP 500 WEST PUTNAM AVENUE, 4TH FL GREENWICH CT 06830		Principal Office Address C/O NEWKIRK LIMITED PARTNERSHIP 500 WEST PUTNAM AVENUE, 4TH FL GREENWICH CT 06830	
2. Mailing Address c/o Omni Partnership Services, Inc. Suite, Apt. #, etc. 70 East 55th St., 6th Fl. City & State New York, N.Y. Zip 10022		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 12/28/1984		5a. Capital Contributions as Shown on record. \$3,242,346.75	
3a. Date of Last Report 11/06/1997		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation CT		6. FEI Number 13-3270093	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	



001/12

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		3000002743373--6 -01/15/99--01021--013 ****526.75 FL ****526.25	

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.

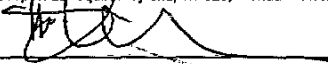
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**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) LANE II ASSOCIATES	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) %500 W. PUTNAM AVE.	11b. City, State & Zip Code GREENWICH CT	11c. Registration/Document Number G94154900015
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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  By: **Lane II Associates, General Partner** DATE **9/98**

Typed or Printed Name of General Partner Signing Form **Jay Chazanoff, a Partner** Daytime Telephone Number **212-376-8998**

CR2E003 (8/98)