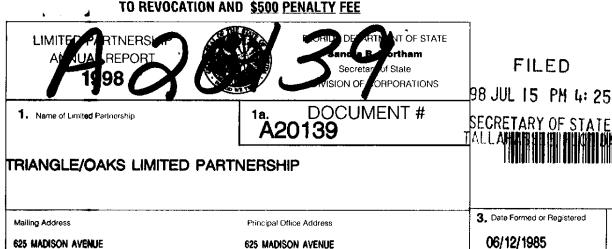
## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE



NEW YORK NY 10022

Suite, Apt. #, etc.

City & State

2a. Principal Office Address

	Make check payable to: Dept. of State (See reverse side for fee information)
9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
C T CORPORÀTION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name 500002596635- 4
	Street Address (P.O. Box Number Is Not Acceptable) 7 23 38 31983 4183 4183 4183 4183 4183 4183 4183 41
	Suite, Apt. #, etc. 500002536635 4
<u>_</u>	City -U(/23/38U[069bde-007 ****526 - *****526 25

Country

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. **500002596635**---07/23/98--01069--009

SIGNATURE (Registered Agent Accepting Appointment)

Country

NEW YORK NY 10022

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

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
RELATED AND CAMBRIDGE ASSOCI	625 MADISON AVENUE	NEW YORK NY 10022	B95000000323
		Derictateria	

nchio a i civicivi

3a. Date of Last Report 10/08/1996

MA

6. FEI Number

04-2866688

4. State or Country of Formation

7. Certificate of Status Desired

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

. Marko han A. McMahon Typed or Printed Name of General Partner Signing Form

5a. Capital Contributions as Shown on record.

\$1,710,420,00

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

Applied For

Not Applicable

\$8.75 Additional Fee Required