


FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

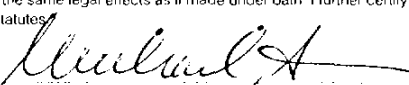
LIMITED PARTNERSHIP ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS OCT 24 PM 1:40	
1. Name of Limited Partnership PROFESSIONAL PARTNERS, LIMITED PARTNERSHIP			1a. DOCUMENT # A22445			
Mailing Address 7 W. 34TH ST. NEW YORK NY 10001		Principal Office Address 7 W. 34TH ST. NEW YORK NY 10001		3. Date Formed or Registered 04/25/1986	5a. Capital Contributions as Shown on record \$2,524,500.00	
				3a. Date of Last Report 10/12/1995	5b. Amount of Capital Contributions in FLORIDA to date \$2,524,500.00	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation DE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-2666240	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip Country		Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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
FIRST PROFESSIONAL ARTS BUIL	7 WEST 34TH STREET	NEW YORK NY	F92000000077
100001993701--9 -11/01/95--01022--005 ****576.25 ****576.25			

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.	
First Professional Arts Building Corp., G.P. by:	
SIGNATURE 	DATE 10/17/96
Typed or Printed Name of General Partner Signing Form Michael S. Sims, its Vice President	Daytime Telephone Number 212-971-9270

CR2E003 (6/96)