

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

97 DEC -9 PM 4:00

SECRETARY OF STATE



1. Name of Limited Partnership

1a. DOCUMENT #
A22445

PROFESSIONAL PARTNERS, LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

~~7 W 34TH ST~~
~~NEW YORK NY 10001~~

~~7 W 34TH ST~~
~~NEW YORK NY 10001~~

3. Date Formed or Registered

04/25/1986

5a. Capital Contributions as
Shown on record

S.A. filed 12-9-97
14,504,500.00

3a. Date of Last Report

10/24/1996

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

\$4,504,500.00

4. State or Country of Formation

DE

6. FEI Number

59-2666240

☐ 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

ONE PENN PLAZA

Suite, Apt. #, etc.

SUITE 4015

City & State

NEW YORK, NY

Zip

10119

Country

2a. Principal Office Address

ONE PENN PLAZA

Suite, Apt. #, etc.

SUITE 4015

City & State

NEW YORK, NY

Zip

10119

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number) **100002378804-1**

Suite, Apt. #, etc.

-12/22/97-01040-002

*****2291.25 ****541.25**

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)

FIRST PROFESSIONAL ARTS BUIL

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

7 WEST 34TH STREET
ONE PENN PLAZA
SUITE 4015

11b. City, State & Zip Code

NEW YORK NY
NEW YORK, NY 10119

11c. Registration/
Document Number

F92000000077

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 effect 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

**FIRST PROFESSIONAL ARTS
BUILDING CORP., G.P. BY:**

Michael Sims

DATE

12/2/97

Typed or Printed Name of General Partner Signing Form

MICHAEL S. SIMS, its Vice President

Daytime Telephone Number **212-971-9270**

CR2E003 (6/97)