

**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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 SEP 17 AM 9:34



1. Name of Limited Partnership

1a. DOCUMENT #  
**A22612**

**HOME DEPOT PLAZA ASSOCIATES LIMITED PARTNERSHIP**

Mailing Address

F.D.R. STATION, P.O. BOX 10  
NEW YORK NY 10150-0010

Principal Office Address

F.D.R. STATION, P.O. BOX 10  
NEW YORK NY 10150-0010

3. Date Formed or Registered

**05/23/1986**

5a. Capital Contributions as Shown on record

**\$100.00**

3a. Date of Last Report

**11/04/1996**

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

**FL**

6. FEI Number

**13-3359277**

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**BROOKS, EDWARD T III  
3530 MYSTIC POINTE DRIVE  
NORTH MIAMI FL 33180**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number) **100002296371**

Suite, Apt. #, etc.

**09/17/97-0122-015  
\*\*\*\*156.25 \*\*\*\*156.25**

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)

**TANNENHAUSER, ROBERT  
DALY, JOSEPH  
SLAYTON, PAUL R**

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

**909 THIRD AVENUE  
909 THIRD AVENUE  
100 RING ROAD WEST**

11b. City, State & Zip Code

**NEW YORK NY  
NEW YORK NY  
GARDEN CITY NY**

11c. Registration/Document Number

*al  
a-17*

**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

*Robert Tannenhaus*

DATE

*9/17/97*

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

*212-751-5128*

CR2E003 (6/97)