

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 OCT -2 PM 12: 16

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 <b>05/23/1986</b>	5a. Capital Contributions as Shown on record.  <b>\$100.00</b>
2. Mailing Address c/o Business Loan Center Suite, Apt. #, etc. 645 Madison Avenue, 18th Fl. City & State New York, New York Zip Country 10022 USA		2a. Principal Office Address c/o Business Loan Center Suite, Apt. #, etc. 645 Madison Avenue, 18th Fl. City & State New York, New York Zip Country 10022 USA		3a. Date of Last Report <b>09/17/1997</b>	
				4. State or Country of Formation <b>FL</b>	
				6. FEI Number <b>13-3359277</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

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 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

**7/15/98**

**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
TANNENHAUSER, ROBERT	645 Madison Avenue <del>565 THIRD AVENUE</del> 919	NEW YORK NY 10022	 <b>900002657089-6</b> -10/07/98--01005-018 ****141,25 ****141,25
DALY, JOSEPH	<del>565 THIRD AVENUE</del>	NEW YORK NY 10022	
SLAYTON, PAUL R	<del>160 FINE ROAD WEST</del> 2345 Jericho Turnpike Second Floor	GARDEN CITY NY Park, NY 11040	

**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

DATE

9-10-98

Typed or Printed Name of General Partner Signing Form

**Robert F. Tannenhauser**

Daytime Telephone Number

**212.751.5626**

CR2E003 (8/98)