

**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
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 FEB -3 AM 11:35

1. Name of Limited Partnership WOLPER ROSS & COMPANY, LTD.	1a. DOCUMENT # A24082
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Mailing Address 400 PARK AVENUE NEW YORK NY 10022	Principal Office Address 400 PARK AVENUE NEW YORK NY 10022
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 01/20/1987	5a. Capital Contributions as Shown on record. \$200.00
3a. Date of Last Report 04/09/1996	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation FL	6. FEI Number 59-2599614
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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) 1000012084741--3 Suite, Apt. #, etc. ****191.25 ****191.25 City FL Zip Code
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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) ROSS, MARK E. WOLPER ROSS & CO., INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 12A EAST 68TH STREET 400 PARK AVENUE	11b. City, State & Zip Code NEW YORK NY NEW YORK NY	11c. Registration/Document Number F06658 <i>OK 2-10</i>
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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 Mark E. Ross DATE 1/17/97
 MARK E. ROSS (212) 355-5566

CR2E003 (6/96)