FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A26869**

FILED 97 OCT -3 AM II: 50 HALLAHASSEE, FLORIDA



E PARTNERSHIP	

	_						
Mailing Address		Principal Office Address	Od. B	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
50 ROCKEFELLER PLAZA. 2ND FLOOR NEW YORK NY 10020		620 FIFTH AVE. NEW YORK NY 10020	, c	· /	\$9,835,035.00		
HEN TONK HT 100	•••	NEW YORK IN 10020		3a. Date of Last Report 09/30/1996	Eb.		
				4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address 28. Principal O		28. Principal Office Address		DE	9,835,035		
Suite, Apt. #, etc.	te, Apt. #, etc. Suite, Apt. #, etc.		6. FEI Number 13-3469700	Applied For			
City & State		City & State	City & State		Not Applicable \$8.75 Additional		
Zip	Country Zip Country		Country	7. Certificate of Status Desired	Feo Required State (See reverse side for fee information)		
<u> </u>				Or Make Check payable to. Dept. of	Orace (Gee reverse Proc for les functivation)		
	9. Name and Address of Curr	ent Registered Agent	10. If changed, new Registered Agent/Office				
THE PRENTICE HALL CORPORATION SYSTEM, INC.		CTEN INC	Name				
1201 HAYS S		SICM, INC.	Street Address (P.O. Box Number Is Not Acceptable)				
SUITE 105 TALLAHASSEE FL 32301			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 taws 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 em familiar with, and accept the obligations of section 620.192, Florida Statutes.							
	red Agent Accepting Appointment)						
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)	Address of Each Gene (Do NOT Use Post Office	oral Partner Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number		
EIGHTH CAR	EY CORPORATE	620 FIFTH AVENUE		NEW YORK NY	F93000001070		
CAREY, WILL	IAM POLK	620 FIFTH AVENUE		NEW YORK NY			
				30002 10/07 *****5	\$186531 78701030015 41.25 ****541.25		

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 litability 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by cligater 620. Florida Statutes.

SIGNATURE BY: Muchin Py: EIGHTH CAREY CORPORATE PROPERTY. INC.

DATE 9/10/97

CR2E003 (6/97)