FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



SPEAR, LEEDS & KELLOGG LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Sandra Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Name of Limited Partnership

Malling Address

TOO DOOLDWAY

na. DOCUMENT # **A27727**

Principal Office Address

400 DDOADWAY

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 APR -9 PM 3: 32

	11840 1884 81811 81814 81814 81844 81841 81841 81841 188		
BK	5/16/97		
3. Date Formed or Registered 01/09/1989	5a. Capital Contributions as Shown on record. \$67,000.00		
3a. Date of Lest Report 10/03/1995			

		IZU DRUMUMAI	NEW YORK NY 10271		\$67,000.00		
		NEW YORK NY 10271					
				4. State or Country of Formation	5b. Amount of Capital Contributions InFLORIDA to date:		
2. Malling Addr	968	2a. Principal Office Address	2a. Principal Office Address		to date:		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For		
City & State		City & State	City & State Zip Country		Not Applicable		
<u>-4 </u>	<u> </u>				\$8.75 Additional Fee Required		
Zip	Country	Zip			8. Make check payable to: Dept. of State (See reverse side for fee Information)		
				O mano on bot payable to. Bopt. of	Sale (See 1976) and for the Milesting and		
9. Name and Address of Current Registered Agent			10, If changed, new Registered Agent/Office				
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST SUITE 105 TALLAHASSEE FL 32301		Name					
		Corporation Service Company Street Address (P.O. Box Number is Not Acceptable)					
			120 Hays St.				
		City Zip Code					
		Tallahassee FL Zip Code 32301					
		51 and 620.192, Florida Statutes, the above-named I	imited partnership	organized or registered under the laws of the			
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. GAIL SHELBY							
SIGNATURE (Registered Agent Accepting Appointment) Daid Sheety, as agent 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)	11a. Address of Each General R (Do NOT Use Post Office Box	Partner Numbers) 11	b. City, State & Zip Code	11c. Registration/		
-SLK HIVES	TING 60. LTD.	14 HARWOOD COURT		-SCARSDALE NY			
slk I	LLC	120 Broadway	1	New York, NY 1027	1 M9700000027		
					1 M 97000000 271		

SLK LLC

120 Broadway

New York, NY 10271

M97000000109

M97000000109

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 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 shorter 620. Florida Statutes.

SIGNATURE By: Hewitt Capital Corp. (GP)

DATE 4/7/97 7121423-7015 CR2E003 (11/96)



Z77ZVED

97 APR -9 PH 1: 04

ACCOUNT NO.

O72100000028RPORATION

REFERENCE :

321748

163209A

AUTHORIZATION :

COST LIMIT : \$ 541.25

ORDER DATE: April 3, 1997

ORDER TIME: 4:27 PM

ORDER NO. : 321748-010

CUSTOMER NO:

163209A

CUSTOMER: Ms. Darlene Santalucia

Spear Leeds & Kellogg

120 Broadway

New York, NY 10271

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File 3rd Lodans

ANNUAL REPORT FILING

NAME:

SPEAR, LEEDS & KELLOGG LIMITED

PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: GAIL SHELBY

EXAMINER'S INITIALS: