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

1. Name of Limited Partnership

DOCUMENT# A28589

DELTA DI AZA ASSOCIATES I MITED PARTNERSHID

empowered to execute this report as required by chapter 620, Florida Sta

SIGNATURE

Typed or Printed Name of General Partner Signing Form

FILED 98 DEC 30 AM 9: 15 SECRETARY OF SIATE TALLAHASSEE, FLORIDA

delta flaza associates ein	MIED FAR INEROIM	- 443.	W			
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capita	Contributions as
G/O JOHN P. O'DONNELL. P.C. 130 WATER STREET	ER STREET 130 WATER STREET		<u>-</u> .	07/03/1989 3a. Date of Last Report	\$540,000.00	
NEW YORK NY 10005-1621			01/07/1998	5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address					4. State or Country of Formation DE
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	Applied For	
City & State	City & State		_	13-3534176	Not Applicable	
Zip Country	Zip Country			7. Certificate of Status Desired \$8.75 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			10, If changed, new Registered Agent/Office			
		Name				
TOTOLOS, DENISE 10128-A U.S. HIGHWAY 19		Street Address (P.O. Box Number is Not Acceptable)				
PORT RICHEY FL 34668		Suite, Apt. #, etc.				
· ·			City FL Zip Code			
10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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)	11a. Address of Each Genera (Do NOT Use Post Office Bo		11b.	City, State & Zip Code	11c.	Registration/ Document Number
EASTWIND CAPITAL CORP.	130 WATER STREET		NEW YORK NY 10005-162		F93000002057	
			6000027508369 -01/22/8901005018 ****526.25 ****526.25			336——9 .005—018 ****\$26.25
Note: General partners MAY NOT b	e changed on this form	ı; an ame	endme	nt must be filed to cha	nge a ge	eneral partner.

12. I do hereby certify that the information supplied with this filling 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)(x) 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