FILE ON OR BEFORE APRIL 8,1998 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A29528

BTH/KINGS BAY ASSOCIATES, LTD.

empowered to execute this report as required by of apter 620, Florida Statutes.

SIGNATURE .



FILED 98 APR -2 AM 8: 58 SECNETARY OF STATE TALLAHASSEE, FLORIDA



	Q8-H	CN.		
Mailing Address C/O MR. BARRY L. BLOOM STH ELOOR, 667 MAIDDON RYPROE NEW YORK, MY 10031-2087	MR. BARRY L. BLOOM C/O MR. BARRY L. BLOOM ELOOR. 667 MAIDSON AVENUE ATHLE FLOOR, 687 MAIDSON AVENUE NEW YORK NY 10021-8087		3. Date Formed or Registered 01/19/1990 38. Date of Last Report	5a. Capital Contributions as Shown on record. \$14,313,630.87
			12/19/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Malling Address 655 MADISON AVENUE	28. Principal Office Address 655 MAGISON AVENUE Suite, Apt. #, etc. 874 Flora City & State New York NY Zip Country		FL.	\$14,313,630.87
Suite, Apt. #, etc. #7# Floor City & State			6. FEI Number 58-1881137	Applied For Not Applicable
NEW YORK, NY Zip Country			7. Certificate of Status Desired	\$8.75 Additional Fee Required
10021-8043 USA	10021-8043	<u> </u>	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		
ALVAREZ, VICTOR M. WHITE & CASE 200 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131		Name		
		Street Address (P.O. Box Number Is Not Acceptable) Sulle, Apt. #, øtc.		
		City 7 in Code		
		<u> </u>		
10a. Pursuant to the provisions of sections 620.1051 a for the purpose of changing its registered office agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment)	or registered agent, or both, in the State of Fi			reby accept the appointment of registered
A GENERAL PARTNER THAT	T BE REGISTERED AN	<u>ID ACTIV</u>	PARTNERSHIP OR OTH E WITH THIS OFFICE.	ER BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each Gener	ral Partner lox Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
BTH/KINGS BAY ASSOC, INC	AY ASSOC, INC 8TH FLOOR, 667 MADISO- 655 MADISON AVENUE		NEW YORK NY 10021	L43295
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Note: General partners MAY NO	T be changed on this for:	m; an ame	endment must be filed to ch	ange a general partner.
12. i do hereby certify that the information supplied with Corporations from any liability of non-compliance with				

the 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

BY! THOMAS M. STEIMERG, YE