

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership FREM HOLDINGS, LTD.	1a. DOCUMENT # A31559
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JR 1/13

Mailing Address 45 KNOLLWOOD ROAD THIRD FLOOR ELMSFORD NY 10523	Principal Office Address 45 KNOLLWOOD ROAD THIRD FLOOR ELMSFORD NY 10523	3. Date Formed or Registered 05/23/1991	5a. Capital Contributions as Shown on record. \$5,000,000.00
2. Mailing Address 45 Knollwood Road Suite, Apt. #, etc. Third Floor City & State Elmsford, NY Zip Country 10523 USA	2a. Principal Office Address 45 Knollwood Road Suite, Apt. #, etc. Third Floor City & State Elmsford, NY Zip Country 10523 USA	3a. Date of Last Report 05/23/1996	5b. Amount of Capital Contributions in FLORIDA to date.
		4. State or Country of Formation FL	
		6. FEI Number 65-0274904	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> \$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 GAGLIARDI, FRANK C. 140 BEACH ROAD HOBE SOUND FL 33455	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 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) FREM DEVELOPMENT CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 140 BEACH ROAD	11b. City, State & Zip Code HOBE SOUND FL	11c. Registration/Document Number J98861
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-01/15/97-01061-022
****576.25 ****576.25

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 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 *[Signature]* DATE **12/16/96**
Frank C. Gagliardi, President of
FREM DEVELOPMENT CORP. (914) 592-3588

CR2E003 (6/96)