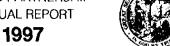
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FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #

97 JAN -3 AH 8:57

SECKLIARY OF STAIL TALLAHASSEE, FLORIDA

	A31559					
FREM HOLDINGS, LTD.				T INDIGE LEGAN THAN THOSE BUILDS	1001 1401 1400 11010 11010 11010 11010 11010 11010 11010 11010 11010 11010 11010 11010 11010 11010 11010 11010	
					JE110	
Mailing Address	Principal Office Address			3, Date Formed or Registered	5a. Capital Contributions as Shown on record.	
45 KNOLLWOOD ROAD 45 KNOLLWOOD ROAD				05/23/1991	\$5,000,000.00	
THIRD FLOOR ELMSFORD NY 10523	THIRD FLOOR ELMSFORD NY 10523			3a. Date of Last Report	Ψοιοσοισσοίσο	
ECMOPORD RT 10023	ELMOTORD NT 10025			05/23/1996	5b. Amount of Capital Contributions in FLORIDA	
2 Malling Addison	2a. Principal Office Address			4. State or Country of Formation	to date:	
2. Mailing Address 45 Knollwood Road	45 Knollwoo			FL		
Suite, Apt. #, etc. Third Floor	Suite, Apt. #, etc.			6. FEI Number	Applied For	
City & State	Third Floor			65-0274904	Not Applicable	
Elmsford, NY	Elmsford, M			7. Certilicate of Status Desired	\$8.75 Additional Fee Required	
Zip Country 10523 USA	10523	Country U:	SA	8. Make check payable to: Dept. of	State (See reverse side for fee information)	
				10. If changed, new Registere	LA	
9. Name and Address of Current Registered Agent Name			TO. II Changed, new Registere	d AgentyOnice		
GAGLIARDI, FRANK C. 140 BEACH ROAD HOBE SOUND FL 33455 Suite, Apt. #		Street Addres	Street Address (P.O. Box Number Is Not Acceptable)			
		etc.				
		City			FL 71p Code	
10a. Pursuant to the provisions of soctions 620 1051 at for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation	r registered agent, or both, in the State o					
SIGNATURE (Registered Agent Accepting Appointment) .				DATE	er <u>ree</u> en english	
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 Goneral Partner(s)	11a. (Do NOT Use Post Offi	eneral Partner ce Box Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number	
FREM DEVELOPMENT CORP.	140 BEACH ROAD		H	IOBE SOUND FL	J98861	
•• •				700002 -01/15 ****5	0590975 79701061022 78.25 ****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 heroby 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 decimed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signals of shall the the same trigger of trustee empowered to execute this report as reported by charge 60, Further Statutes.

SIGNATURE**X**.....

rank C. Gagliardi, President of