

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

FRED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 SEP 27 PM 12:34

1. Name of Limited Partnership:

1a. DOCUMENT #  
**A94000001447**

**CROWN REFLECTIONS ASSOCIATES LIMITED PARTNERSHIP**



Mailing Address

Principal Office Address

% CROWN PROPERTIES, INC.  
400 GARDEN CITY PLAZA  
GARDEN CITY NY 11530

% CROWN PROPERTIES, INC.  
400 GARDEN CITY PLAZA  
GARDEN CITY NY 11530

3. Date Formed or Registered

10/26/1994

5a. Capital Contributions as Shown on record.

\$380,000.00

3a. Date of Last Report

09/25/1995

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

6. FEI Number

59-3277306

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**RAD, DAVAR**  
7785 BAYMEADOWS WAY  
#104  
JACKSONVILLE FL 32258

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

CROWN REFLECTIONS CORP.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

400 GARDEN CITY PLAZA

11b. City, State & Zip Code

GARDEN CITY NY 11530

11c. Registration/Document Number

P94000077458

700001967197  
-10/08/96--01060--015  
\*\*\*\*576.25 \*\*\*\*576.25

KWM

**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 605, Florida Statutes.

SIGNATURE

DATE

9/17/96