

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

FILED

97 JAN -7 AM 8:54

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

1a. DOCUMENT #
A94000001545

CITY CENTER ASSOCIATES, LTD.

Mailing Address

~~200 EAST ROBINSON STREET, SUITE 800~~
~~ORLANDO FL 32801~~

Principal Office Address

~~200 EAST ROBINSON STREET, SUITE 800~~
~~ORLANDO FL 32801~~

3. Date Formed or Registered

11/17/1994

5a. Capital Contributions as
Shown on record.

\$2,775,000.00

3a. Date of Last Report

01/16/1996

4. State or Country of Formation

FL

5b. Amount of Capital
Contributions in FLORIDA
to date

2. Mailing Address

100 SECOND AVE. SOUTH

2a. Principal Office Address

100 SECOND AVE. SOUTH

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

SUITE 201

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

Country

33701

Zip

Country

33701

6. FEI Number

59-3285127

☐ 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)

9. Name and Address of Current Registered Agent

BUILDER, J. LINDSAY JR.
390 N. ORANGE AVENUE, SUITE 1300
ORLANDO FL 32801

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)

CITY CENTER EQUITY CORP.
DELMA CITY CENTER CORP.

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

200 EAST ROBINSON STR
545 MADISON AVENUE, 1

11b. City, State & Zip Code

ORLANDO FL 32801
NEW YORK NY 10002

11c. Registration/
Document Number

P94000084118
F94000005910

100002061161--1
-01/17/97--01007--004
***585.00 ***585.00

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

DATE 12-26-96

Typed or Printed Name of General Partner Signing Form

SCIA TAKOYAN, - SECY/TREAS. Daytime Telephone Number (212) 355-4335

CR2E003 (6/96)