

FILED IN FLORIDA PER 31, 1. 1. 1. LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC -7 AM 10:47

1. Name of Limited Partnership

1a. DOCUMENT #  
A94000001545

CITY CENTER ASSOCIATES, LTD.



Mailing Address

Principal Office Address

% DELMA PROPERTIES, INC.  
545 MADISON AVE., 17TH FLOOR  
NEW YORK FL 10022

% DELMA PROPERTIES, INC.  
545 MADISON AVE., 17TH FLOOR  
NEW YORK FL 10022

3. Date Formed or Registered

11/17/1994

5a. Capital Contributions as  
Shown on record.

\$2,775,000.00

3a. Date of Last Report

01/02/1998

4. State or Country of Formation

FL

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

2. Mailing Address

2a. Principal Office Address

444 MADISON AVENUE

444 MADISON AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12TH FLOOR

12TH FLOOR

City & State

City & State

NEW YORK, NY

NEW YORK, NY

Zip

Zip

10022

Country  
New York

10022

Country  
New York

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

BRAINARD, SCOTT  
% FISHER & SAULS, P.A.  
100 SECOND AVE. SOUTH, SUITE 701  
ST. PETERSBURG FL 33701

10. If changed, new Registered Agent/Office

Name

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

500002706935--5

Suite, Apt. #, etc.

-12/09/98--01024--014

City

\*\*\*\*525.25 \*\*\*\*525.25  
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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

DELMA CITY CENTER CORP.

545 MADISON AVENUE, 1  
444 MADISON AVENUE  
12TH FLOOR

NEW YORK NY 10002

F94000005910

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.

By: DELMA CITY CENTER CORP. GENERAL PARTNER  
SIGNATURE

DATE

OCTOBER 12, 1998

Typed or Printed Name of General Partner Signing Form

PATRICK D. BARRETT, EXEC. VP

Daytime Telephone Number

212-355-4335

CR2E003 (8/98)