

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Martham</b> Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership	1a. DOCUMENT # <b>A94000001565</b>	

**PUBWINT LIMITED PARTNERSHIP**

Mailing Address  <b>C/O DELTA EQUITIES 275 MADISON AVENUE, 30TH FLOOR NEW YORK NY 10016</b>	Principal Office Address  <b>C/O DELTA EQUITIES 275 MADISON AVENUE, 30TH FLOOR NEW YORK NY 10016</b>	3. Date Formed or Registered <b>11/22/1994</b>	5a. Capital Contributions as Shown on record <b>\$1,300,000.00</b>
2. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip	3a. Date of Last Report <b>11/22/1996</b>	5b. Amount of Capital Contributions in FLORIDA to date
Country	Country	4. State or Country of Formation <b>FL</b>	6. FEI Number <b>13-3790240</b>
		7. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required <input type="checkbox"/>
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent  <b>HOUSTON, CLARENCE H JR. 200 W. FORSYTH STREET JACKSONVILLE FL 32202</b>	10. If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City
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**10a.** Pursuant to the provisions of sections 620.105 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)  <b>PUBWINT REALTY CORP.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  <b>261 MADISON AVENUE, 2</b>	11b. City, State & Zip Code  <b>NEW YORK NY 10016</b>	11c. Registration/ Document Number  <b>P94000053219</b>
<b>600002398206--3</b> <b>-01/13/98--01048--010</b> <b>****541.25 ****541.25</b>			

**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 *Elliot Farash*, Pubwint Realty Corp. sec/reas  
Typed or Printed Name of General Partner Signing Form *Elliot Farash*

DATE *12/22/97*

Daytime Telephone Number *212 490 0050*

CR2E003 (6/97)