

A9500000912

KRISS & FEIT, P.C.

ATTORNEYS AT LAW

392 FIFTH AVENUE

NEW YORK, NEW YORK 10018

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 12 AM  
TELEPHONE  
IRIRI DD4-2180000  
TELECOM  
IRIRI DD4-7404

DAVID B. KRIBB  
DAVID J. FEIT\*

AINE M. SANTRY\*

OF COUNSEL  
MOHIB K. MITHANI  
PETER A. AXELHOD

\*ALSO ADMITTED IN N.J.

June 8, 1995

BY FEDERAL EXPRESS

Florida Department of State  
Division of Corporations  
409 East Gains Street  
Tallahassee, FL 32399

A9500000912

800001511458  
-06/13/95--01026--003  
\*\*\*1863.75 \*\*\*1863.75

Re: Formation of Crown 17 Limited Partnership

Dear Sir or Madam:

BK 6/12/95

On behalf of our client Crown Davis Corp., a Florida Corporation and the General Partner of the proposed Florida limited partnership to be known as Crown 17 Limited Partnership, we enclose the following:

1. The Certificate of limited Partnership of Crown 17 Limited Partnership;
2. The Affidavit of Capital Contributions in connection with the filing of the limited partnership;
3. Our law firm attorney escrow check to the order of "Florida Secretary of State" in the amount of \$1,863.75 which is computed as follows:
  - a. \$1,750.00 for the filing fee;
  - b. 52.50 for the designation of the registered agent;
  - c. 52.50 for a certified copy of the certificate which we request be sent to the undersigned as soon as possible;
  - d. 8.75 for a additional copy of the Certificate as filed.

Kindly arrange to have the enclosed Certificate filed an a certified copy returned to the undersigned as soon as possible.

Please feel free to contact the undersigned with any questions regarding the enclosed.

Very truly yours,

*Aine M. Santry*  
Aine M. Santry

AMS/as  
Enclosures

CERTIFICATE OF LIMITED PARTNERSHIP  
OF

95 JUN 12 PM 5:31  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1. CROWN 17 LIMITED PARTNERSHIP  
(Name of Limited Partnership; must contain a suffix such as "Limited",  
"Ltd.", or "Limited Partnership")

c/o Crown Properties, Inc,  
266 Merrick Road, Lynbrook, NY 11563  
(The Business Address of Limited Partnership)

3. Davar Rad  
(Name of Registered Agent for Service of Process)

5100 West Kennedy Blvd.  
Tampa, Florida 33609

4. \_\_\_\_\_  
(Florida Street Address for Registered Agent)

5. \_\_\_\_\_  
(Registered Agent must sign here to accept designation as Registered Agent for  
Service of Process.)

c/o Crown Properties, Inc.  
266 Merrick Road, Lynbrook, NY 11563  
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2045.

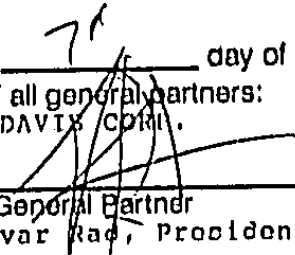
8. NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
<u>CROWN DAVIS CORP.</u>	<u>266 Merrick Road, Lynbrook, NY 11563</u>
_____	_____
_____	_____
_____	_____
_____	_____

995000042558

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 JUN 12 AM 5:37

Signed this 7<sup>th</sup> day of June, 1995.

Signature of all general partners:  
CROWN DAVIS CORP.

  
\_\_\_\_\_  
General Partner  
By: Davar Rad, President

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 JUL 12 AM 8:31

BEFORE ME, the undersigned constituting all of the general partners of  
CROWN 17 LIMITED PARTNERSHIP, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 250,000.

The total amount contributed and anticipated to be contributed by the limited partners  
at this time totals \$ 250,000.

This 7<sup>th</sup> day of June, 19 95.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

CROWN DAVIS CORP.

\_\_\_\_\_  
General Partner  
By: Davat Rad, President

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Teresa M. Moffatt  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

95 NOV -1 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000000912

CROWN 17 LIMITED PARTNERSHIP

CLAR

2. New Mailing Address, if Applicable

State, Apt. # etc. 400 Garden City Plaza #111  
City, State & Zip Garden City, NY 11530

2a. New Principal Office Address, if Applicable

State, Apt. # etc. 400 Garden City Plaza #111  
City, State & Zip Garden City, NY 11530

Mailing Address

C/O CROWN PROPERTIES, INC.  
268 MERRICK ROAD  
LYNBROOK-NY-11563

Principal Office Address

C/O CROWN PROPERTIES, INC.  
268 MERRICK ROAD  
LYNBROOK-NY-11563

If above addresses are incorrect in any way, file through the correct information and enter correct address in Docket 2 and/or 2a

3. Date Formed or Registered to Do Business in  
FLORIDA 06/12/1995

3a. Date of Last Report

4. State or Country of Formation  
FL

5a. Capital Contributions as Shown  
on Record  
\$250,000.00

5b. Amount of Capital Contributions in  
FLORIDA to date

6. FEI Number  
59-3322632

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED  
\$0.75 Additional Fee required  
for a Certificate of Status

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50  
2) Supplemental Fee: \$138.75 (pursuant to section 607.103, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)  
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

RAD, DAVAR  
5100 WEST KENNEDY BLVD.  
TAMPA FL 33609

10. If changed, new Registered Agent/Other

Name  
Street Address (P.O. Box Number is Not Acceptable)  
State, Apt. # etc.  
City, State & Zip Code  
FL

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(P.O. Box or Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

CROWN DAVIS CORP.

268 MERRICK ROAD

LYNBROOK NY 11563

P9500042558

600001632646  
-11/09/95--01003--013  
\*\*\*\*576.25 \*\*\*\*576.25

CR2E003 (6/95)

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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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 effect, 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

Typed or Printed Name of General Partner Signing Form

Davar Rad

Telephone Number

10/30/95  
516-248-8200