

A95000000961

KRISS & FEIT, P.C.

ATTORNEYS AT LAW

392 FIFTH AVENUE
NEW YORK, NEW YORK 10018

DAVID S. KRISS
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*ALSO ADMITTED IN N.J.

TELEPHONE
(212) 694-9800
TELECOPIER
(212) 694-7404

June 19, 1995

BY FEDERAL EXPRESS

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

400001518734
-06/21/95--01025--001
***1863.75 ***1863.75

Re: Formation of Crown Davis Associates Limited Partnership

Dear Sir or Madam:

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

1. The Certificate of limited Partnership of Crown Davis Associates 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:

Name	6/27/95	a.
Availability	dec	b.
Document		c.
Examiner	BOG	
Updater	BOG	
Register the undersigned	BOG	
W. P. Verlyer	BOG	

- a. \$1,750.00 for the filing fee;
- b. \$2.50 for the designation of the registered agent;
- c. \$2.50 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 and a certified copy returned to the undersigned as soon as possible.

Very truly yours,

Aine M. Santry
Aine M. Santry

AMS/as
Enclosures

495000013047

A95000000961

FILED
JUN 20 11:05
STATE
TALLAHASSEE, FLORIDA

TC
\$250,000.00



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State

June 27, 1995

AINE M. SANTRY
KRISS & FEIT, P.C.
392 FIFTH AVENUE
NEW YORK, NY 10018

SUBJECT: CROWN DAVIS ASSOCIATES LIMITED PARTNERSHIP
Ref. Number: W95000013047

We have received your document for CROWN DAVIS ASSOCIATES LIMITED PARTNERSHIP and your check(s) totaling \$1863.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

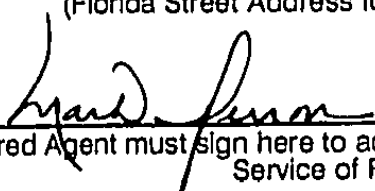
If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 095A00031370

RECEIVED
95 JUN 27 PM 12:23
DIVISION OF CORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. CROWN DAVIS ASSOCIATES 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
2. _____
(The Business Address of Limited Partnership)
3. Mark Herron
(Name of Registered Agent for Service of Process)
- 216 S Monroe St., St. 200
Tallahassee, Fl. 32302
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
6. _____
(The Mailing Address of the Limited Partnership.)

FILED
1995 JUN 20 PM 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Crown 17 Limited Partnership

c/o Crown Properties, Inc.
266 Merrick Road, Lynbrook, NY 11563

A95000000 912

Signed this 19th day of June, 1995.

Signature of all general partners:
CROWN LIMITED PARTNERSHIP
By: Crown Davis Corp.

[Signature]
General Partner
By: David Rad, President

General Partner

General Partner

General Partner

General Partner

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1995 JUN 20 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of

CROWN DAVIS ASSOCIATES LIMITED PARTNERSHIP, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 250,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 250,000.00.

This 19th day of June, 1995.

FURTHER AFFIANT SAYETH NOT.

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

CROWN 17 LIMITED PARTNERSHIP
By: Crown Davis Corp.

General Partner
By: Davar Rad, President

General Partner

General Partner

General Partner

General Partner

General Partner

FILED
1995 JUN 20 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Tallahassee
Secretary of State
DIVISION OF CORPORATE REGISTRATION

FILED

95 NOV -1 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Partnership

1a. DOCUMENT #
A95000000961

CROWN DAVIS ASSOCIATES LIMITED PARTNERSHIP *q6 AR*

Mailing Address

% CROWN PROPERTIES, INC.
266 MERRICK ROAD
LYNBROOK NY 11563

Principal Office Address

% CROWN PROPERTIES, INC.
266 MERRICK ROAD
LYNBROOK NY 11563

If above addresses are incorrect in any way, file through the correct information and enter correct addresses in Block 2 and the 2a

3. Date of Formation or Registration in
FLORIDA
06/20/1995

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

59-3322635

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 5a or 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 \$101.25 (\$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

HERRON, MARK
216 S. MONROE ST., STE 200
TALLAHASSEE FL 32302

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, 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.

DATE

SIGNATURE (Registered Agent Accepting Appointment)

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

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

CROWN 17 LIMITED PARTNERSHIP

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

266 MERRICK ROAD

11b. City, State & Zip Code

LYNBROOK NY 11563

11c. Registratory
Document Number

A95000000912

400001632644
-11/09/95--01003--012
***576.25 ***576.25

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 and 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 loss, 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 correct 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, owner or trustee or partner in, or the filer of this report as required by Section 620, Florida Statutes.

SIGNATURE

DATE

11/30/95

Typed or Printed Name of General Partner Signing Form

Davis Rad

Telephone Number 516-248-8200