

**FILE ON OR BEFORE DECEMBER 31, 1998 OR 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 14 PM 12:31

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000000696**

**COCOA PARTNERS, LIMITED PARTNERSHIP**



Mailing Address 992 EAST 15TH STREET, #200 BROOKLYN NY 11230		Principal Office Address 992 EAST 15TH STREET, #200 BROOKLYN NY 11230		3. Date Formed or Registered 04/10/1996	5a. Capital Contributions as Shown on record. \$50,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 04/27/1998	5b. Amount of Capital Contributions in FLORIDA to date.
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 11-3314959	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH STREET SUITE 300 NORTH MIAMI BEACH FL 33162		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		FL	

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
COCOA MANAGEMENT INC.	<del>801 N.E. 167TH ST., #</del> 992 EAST 15TH STREET SUITE 200	<del>N. MIAMI BEACH FL 33162</del> BROOKLYN, N.Y. 11230	P96000029746
			300002721113--2 -12/23/98--01067--021 ****447 50 ****447 50

**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

*Tomas Rosenthal*

DATE

12/1/98

Typed or Printed Name of General Partner Signing Form

TOMAS ROSENTHAL, PRES

Daytime Telephone Number

(718) 692-4181

CR2E003 (8/98)