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

1. Name of Limited Partnership

DOCUMENT# A96000001307

FILED SECRETARY OF STATE SECRETARY OF STATE

98 OCT 30 AM 11: 41





THE WORTH AVENUE FINE A	K12 FIMITED PARTIN	EKSHIP					
Mailing Address	Principal Office Address			3. Date Formed or Registered 07/10/1996 3a. Date of Last Report 05/14/14000			
C/O US CABLE CORPL 28 WEST GRAND AVE. MONTVALE NJ 07645	460 WORTH AVENUE PALM BEACH FL 33480						
				05/11/1998 4. State or Country of Formation	5b. Amoi Contr to da	int of Capita! ibutions in FLORIDA 6:	
2. Mailing Address	2a. Principal Office Address			FL	56,546.427.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	<u>-</u> -	Applied For	
City & State	City & State	City & State		65-0777891 7. Certificate of Status Desired	Not Applicable \$8.75 Additional		
Zip Country	Zip	Zip Country		R. Make check payable to: Dept. of State (See reverse side for fee information)			<u>,</u>
9. Name and Address of Gurrent Registered Agent			10. If changed, new Registered Agent/Office				
			Name				
Myers, Stephen e 460 Worth Avenue		Street Address (P.O. Box Number Is Not Acceptable)					-
PALM BEACH FL 33480	Suite, Apt. #,		t, etc.	-			┪
			City			FL Zp Code	
for the purpose of changing its registered office or n agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	of section 620.192, Florida Statutes.	IMITED	PARTI	DATE_			_
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	Address of Each General Partner 11a. (Do NOT Use Post Office Box Numbers) 1		City, State & Zip Code	le Registration/ Document Number		
WORTH AVENUE FINE ARTS, INC.			PALM BEACH FL 33480		P93000001700		CR2E003 (8/98)
				6000026799969 -11/04/9801034021 *****526.25 *****526.25			CRZE
Note: General partners MAY NOT	be changed on this form	ı; an ame	ndmen	t must be filed to cha	nge a ge	neral partner.	1
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that mustige empowered to execute this report as required by chart.	s filing is voluntarily furnished and does not Section 119.07(3)(k) In the event that the first nature shall have the same legal effects as if	qualify for the e omation supplie	xemption sta	ted in Section 119.07(3)(k), Florida Sta exempt from public access. I further c	tutes. I releas	e the Division of information indicated on	
SIGNATUREDATE_9/6/98							
Typed or Printed Name of General Partner Signing Form 5729 6. Myore Daytime Telephone Number 2019 930 9000							