FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN 13 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A96000001514

Data Tree Associates, LTD., a Florida Limited Partnership

Mailing Address

c/o Greystone Realty Corporation
Two Pickwick Plaza/3rd Floor
Greenwich, CT 06830

Principal Office Address

same

2. Mailing Address
Suite, Apt. #, etc
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc
City & State
Zip Country

3. Date Formed or Registered: 08/14/96

3a. Date of Last Report: N/A

4. State or Country of Formation: Florida

5a. Capital Contributions as Shown on record: $1.00

5b. Amount of Capital Contributions in FLORIDA to date: $1.00

6. FEI Number: 59-3396490 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $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

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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 620.192 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
New York Life Insurance and Annuity Corporation	c/o Greystone Realty Corporation Two Pickwick Plaza 3rd Floor	Greenwich, CT 06830	848325

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****191.25 ****191.25

CR2E003 (6/96)

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 [signature] PAUL ALTIERI, V.P. GREYSTONE REALTY CORP AAF NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION DATE 12/31/96

Typed or Printed Name of General Partner Signing Form ANNUITY CORPORATION Daytime Telephone Number 203-629-1166