FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1998**

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

FILED
97 DEC 26 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

DATA TREE ASSOCIATES, LTD.

1a. DOCUMENT # **A96000001514**

98-AR C/M

Mailing Address	Principal Office Address
C/O GREYSTONE REALTY CORPORATION ~~TWO PICKWICK PLAZA, 3RD FLR GREENWICH CT 06830~~	C/O GREYSTONE REALTY CORPORATION ~~TWO PICKWICK PLAZA, 3RD FLR GREENWICH CT 06830~~

3. Date Formed or Registered: 08/14/1996
3a. Date of Last Report: 01/13/1997
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record: $1.00
5b. Amount of Capital Contributions in FLORIDA to date: $28,433,120.00

2. Mailing Address	**2a.** Principal Office Address
100 First Stamford Place	100 First Stamford Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stamford, CT	City & State: Stamford, CT
Zip: 06902 Country: USA	Zip: 06902 Country: USA

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

C T 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	~~TWO PICKWICK PLAZA~~ 100 First Stamford Place	~~GREENWICH CT 06830~~ Stamford, CT 06902	848325

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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 Robert J. McGee Greystone Realty Corporation as Agent for New York Life Insurance and Annuity Corporation DATE December 19, 1997

Typed or Printed Name of General Partner Signing Form Robert J. McGee for Greystone Realty Corporation as Agent for NYLIAC Daytime Telephone Number (203) 462-3800