FILE ON TREEFORD DECEMBER 31, 199 TO REVOCATION AND	97 OR PARTNERSHIP WILL BE	SUBJECT	9		
LIMITED PARTNERSHIP ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR 12 PK I2: 06		
1. Name of Limited Partnership KASS PARTNERS, LTD.	1a. DOCUMENT A960000210		SECRETARY O TALLAHASSEE,		
• •	Principal Office Address 150 EAST 5857. 14 hox NewYork, NewYork 10155		3. Date Formed or Registered 2 96 38. Date of Last Report 2 23 96	5a. Capital Contributions as Shown on record. 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address 411 SEAGRO W AND Suite, Apt. #, etc.	28. Principal Office Address りのE 585ト、リソプイのジェー Suite, Apt. #, etc.		4. State or Country of Formation Pamseuch, Tu. 6. FEI Number	Applied For	
City & State IA m Brach Frais A Zip Country 33480 USA	City & State MWJork, N.J Zip 10155 Country USA		7. Certificate of Status Desired 8. Make check payable to: Dept. of	Not Applicable \$8.75 Additional Fee Required State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
Doughs A. Kass 150E. 585- 14 Franc Newborn, N.J. 10155		Name Doylas A. Wass Street Address (P.O. Box Number is Not Acceptable) 411 SEAB Ree > D Avenue Suite, Apt. #, etc. City Palm Beach FL 33480			
10a. Pursuant to the provisions of sections 620.1051 and 620 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of standard Registered Agent Accepting Appointment).	stered agent, or both, in the State of Florida. Such	artnership organ	nized or registered under the laws of th	e State of Florida, submits this statement	
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	Т	City, State & Zip Code	11c. Registration/ Document Number	
Das Management Corp.	150 E. 5857. 14 Trace	New	-03/19/		

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 filling 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 calls. 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 :

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (212) 838.0895