

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 MAR 23 PM 12:25

1. Name of Limited Partnership

1a. DOCUMENT #  
**A97000001471**

**TT - TP, LTD.**



Mailing Address

Principal Office Address

**C/O TISCH FAMILY INTERESTS  
667 MADISON AVENUE  
NEW YORK NY 10021**

**C/O WHITE & CASE  
200 S. BISCAYNE BLVD., SUITE 4900  
MIAMI FL 33131**

3. Date Formed or Registered

**07/03/1997**

5a. Capital Contributions as Shown on record.

**\$7,500.00**

3a. Date of Last Report

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

**7,500.00**

4. State or Country of Formation

**FL**

2. Mailing Address

**655 MADISON AVENUE**

2a. Principal Office Address

**655 MADISON AVENUE**

Suite, Apt. #, etc.

**8TH FLOOR**

Suite, Apt. #, etc.

**8TH FLOOR**

City & State

**NEW YORK, NY**

City & State

**NEW YORK, NY**

Zip

**10021-8043**

Country

**USA**

Zip

**10021-8043**

Country

**USA**

6. FEI Number

**58-2341119**

☐ 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

**GRAGG, K. LAWRENCE  
C/O WHITE & CASE  
200 S. BISCAYNE BLVD., SUITE 4900  
MIAMI FL 33131**

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)

**TT - TP, INC.**

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**667 MADISON AVENUE  
655 MADISON AVENUE  
8TH FLOOR**

11b. City, State & Zip Code

**NEW YORK NY 10021**

11c. Registration/Document Number

**P97000055492**

**000002469890--4  
-03/26/98--01112--003  
\*\*\*\*141.25 \*\*\*\*141.25**

**KWM**

**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

DATE **3/14/98**

Typed or Printed Name of General Partner Signing Form

**TT-TP INC. G.P.  
THOMAS M. STERNBERG V.P.**

Daytime Telephone Number **(212) 521-2805**

CR2E003 (12/97)