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

1. Name of Limited Partnership

DOCUMENT#

A97000002445

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN -6 PM 3: 16

GRIPHON MARLINS INVESTOR	S LTD.				
Mailing Address 152 West 57th St.	Principal Office Address 152 West 57th St.		3. Date Formed or Registered 11/10/97	Shown on record	
38th Floor New York, NY 10019	38th Floor New York, NY 100	38th Floor New York, NY 10019		5b. Amount of Capita' Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		Contributions in FLORIDA to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable	
City & State	City & State	City & State		<i>D</i>	
Zip Country	7 _{ip}	7ip Country		\$8.75 Additional Fee Required of State (See reverse side for fee information)	
9, Name and Address of	Current Registered Agent		10. If changed, now Registr	ored Agent/Office	
Valdes-Fauli Corporate Services, Inc.		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
777 South Flagler Drive Suite 500 - East Tower		Suite, Apt. #, etc			
West Palm Beach, FL 33401		City FL Zip Code			
agent. I am familiar with, and accept the ob- SIGNATURE (Registered Agent Accepting Appointm A GENERAL PARTNER TI		, LIMITED PAF	DATERSHIP OR OTH	E	
11. Name(s) of General Partner(s)	11a. Address of Each Ger (Do NOT Use Post Office	neral Partner e Box Numbers) 11b	City, State & Zip Code	11c. Registration/ Document Number	
Griphon Marlins L.P	152 West 57th St	İ	York, NY 10019	в9700000604	
Umbreila Bear, Inc.	388 Greenwich St	reet New	York, NY 10013	60-10000001618	
			0,0000; -01/3 ***	24105306 23/9801092017 *541.25 ****541.25	
43.	1.50 103.75	c	dee		
Note: General partners MAY	NOT be changed on this fo	rm; an amendm	ent must be filed to cl	nange a general partner.	
I do liereby certify that the information supplied Cordorations from any liability of non-compliant this finual report is true and accurate and the empowered to execute this report as required.	ncc with Section 119/07(3)(k) in the event that the it my signature shall have the dame legal effects	e information supplied is de	emed exempt from public access 1 fu	ther certify that the information indicated on	

Davlime Telephone Number (212) 247-5835 Typed or Printed Name of General Partner Signing Form

An Authorized Sig

SIGNATURE _

___DATE ___12/30/97