
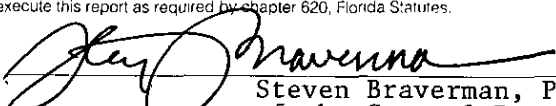


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		 <div>FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS</div>		<div>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <b>98 JAN 20 PM 4:05</b></div>	
1. Name of Limited Partnership  Cordillera Capital, Ltd.		1a. DOCUMENT # A97000002800			
Mailing Address 4156 Brynwood Drive Naples, FL 34119		Principal Office Address 4156 Brynwood Drive Naples, FL 34119		3. Date Formed or Registered 12/22/97	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report N/A	
				4. State or Country of Formation Florida	
				5a. Capital Contributions as Shown on record. \$2,400,000	
				5b. Amount of Capital Contributions in FLORIDA to date: \$ 400,000	
				6. FEI Number 65-0799829 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$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 Cordillera Capital Corp. 4156 Brynwood Drive Naples, FL 34119				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) Cordillera Capital Corp.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4156 Brynwood Drive		11b. City, State & Zip Code Naples, FL 34119	
				11c. Registration/Document Number P97000062306	
				700002412547--1 -01/27/98--01010--019 ****541.25 ****541.25	
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  Steven Braverman, President of the General Partner				DATE 1/15/10 Daytime Telephone Number (212) 655-3145	

CR2E003 (6/97)