

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC 20 PM 1:41



**1.** Name of Limited Partnership  
**HIDSIL ASSOCIATES, LTD.**

**1a. DOCUMENT #**  
**B93000000212**

<b>Mailing Address</b> 855 CONEY ISLAND AVE., STE. 200 BROOKLYN NY 11230	<b>Principal Office Address</b> 855 CONEY ISLAND AVE., STE. 200 BROOKLYN NY 11230
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>3. Date Formed or Registered</b> 05/06/1993	<b>5a. Capital Contributions as Shown on record</b> \$0.00
<b>3a. Date of Last Report</b> 01/02/1996	
<b>4. State or Country of Formation</b> NY	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
<b>6. FEI Number</b> NOT APPLICABLE	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

**9. Name and Address of Current Registered Agent**

**WILLIAM E CLEMENTS JR REAL ESTATE MGT CO**  
2700 N. 29TH AVENUE, STE. 205  
HOLLYWOOD FL 33020

**10. If changed, new Registered Agent Office**

Name: \*\*\*\*\*38.25 \*\*\*\*\*38.25

Street Address (P.O. Box Number, No. Aced. No.): 000002041900--8  
-12/31/96--01029-016

Suite, Apt. #, etc.: \*\*\*\*\*38.25 \*\*\*\*\*38.25

City: 000002041900--8  
-12/31/96--01029-017

**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, hereby states that the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partners, receiver or trustee of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *W. Clements*

**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
HIDARY, JACK A	1019 E. 9TH ST.	BROOKLYN NY 11230	
GOLDSCHMIDT, JONAH	1101 E. 4TH ST.	BROOKLYN NY 11230	
SILVERA, JACK	10 WEST 33RD ST., RM.	NEW YORK NY 10001	
SILVERA, LEON	10 WEST 33RD ST., RM.	NEW YORK NY 10001	

**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 *Jonah Goldschmidt* DATE 12/13/96

Typed or Printed Name of General Partner Signing Form **Jonah Goldschmidt** Daytime Telephone Number 718-693-8400

CR2E003 (6/96)