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

B93000000230

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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\$680 T.G. LEE BLVD. \$UITE 699 \$NEW YORK NY 10012 2. Malling Address 2. Principal Office Address 2. Suite, App. #, etc. \$UL! /TE 3CX City & State 10. If changed, new Registered Agent Address of Current Registered Agent 10. If changed, new Registered Agent Address of State (See reverse side for fee Information For Regulated Agent Address of Current Registered Agent City & State of Current Registered Agent City & State of Current Registered Agent 10. If changed, new Registered Agent City & State (See reverse side for fee Information Registered Agent) 10. If changed, new Registered Agent City & State (See reverse side for fee Information Registered Agent) 10. If changed, new Registered Agent City & State (See reverse side for fee Information Registered Agent) 10. If changed, new Registered Agent City & State (See reverse side for fee Information Registered Agent) Suite, App. #, etc. Suite, App. #, etc.				01/15	I Eo C III O
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Suite, Apt. #, etc. City & State To Country To Country Registered Agent City & State To Country Registered Agent City & State (See reverse side for fee Information of Pee Required Agent) Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Suite Agent fi. etc. Suite Agent fi. etc. City FL Zip Code City FL Zi	2. Mailing Address				I to date
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Supplementary Supplementar	City & State	City & State		13-3153176	Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee Inform 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Street Address (P.O. Box Number Is Not Acceptable) Suits Agi II, etc.	Tip.	7		7. Certificate of Status Desired	\$8.75 Additional
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Sulfie and 18 of General Partner(s) In Name(s) of General Partner(s) 11				Pou Number la flat Appentable	
ORLANDO FL 32822 City FL Zip Code City FL Zip Code City FL Zip Code FL Zip			Street Address (P.O.	Bux Number is Not Acceptable)	
Da. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statules, the above-named limited partnership organized or registered under the laws of the State of Florida. Submits this state for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of regist agent. I am familiar with, and accept the obligations of section 636 192, Florida Statules. IGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITION BE REGISTERED AND ACTIVE WITH THIS OFFICE. 1. Name(s) of General Partner(s) 11a. Address of Each General Partner (b) 11b. City, State & Zip Code 11c. Registration/Document Number AFFIRMATIVE DEVELOPMENT CORP 120 WOOSTER ST., SIXI NEW YORK NY 10012 F83000002445	0		1	le 300	
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 states 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 regist agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 1. Name(s) of General Partner(s) 1. Name(s) of General P	ORLANDO FL 32822		City		Zip Code
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITION MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/Document Number 11b. NEW YORK NY 10012 F93000002445	for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations	egistered agent, or both, in the State of Flori	d limited partnership on ida. Sach change was a	authorized by its general partner(s). I here	e State of Fiorida, submits this statemen by accept the appointment of registered
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Not: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partne	Nota: General partners MAY NOT	be changed on this form	: an amendm	ent must be filed to che	nge a general nartner
2. Le 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					<u> </u>

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 eath. 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 in