FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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1999	DIVIS	Secretary of State HON OF CORPORATIO	ns co.	VIII-5 FII 19 30	
1. Name of Limited Partnership	1a. DOCUMENT # B9400000181		Tŷ	The property of the second	
FIDELIO LIMITED PARTNERSHIP					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record	
P.O. BOX 1232 WOODCLIFF LAKE NJ 07675	188 BROADWAY WOODCLIFF LAKES NJ 07675		05/11/1994 3a. Date of Last Report 09/30/1997	\$14,700,000.00 5b. Amount of Capital Contributions in ELOR DA to date	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	1	
Suite, Apt. #, etc.	Suite, Apt #, etc		DE 6. FEI Number 22-3277695	Applied For	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Address:	
Zip Country	Zip	Country	8. Make the kipayable to Depl. of	Fig. Required Stitle (Sec reverse side for fed information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
for the purpose of changing its registered office or registered agent, or both, in the State		Suite, Apt. # City above named limited partic State of Flonda. Such chang	Street Address (FtO: Box Number Is Not Acceptable) Suite, Apt. #, etc.		
agent I am familiar with, and accept the obligate SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THA	ions of section 620 192, Florida Stat	TION, LIMITED	DATE		
11. Name(s) of General Partner(s)	11a. Address of E	ach General Partner ost Office Box Numbers)	11b. City, State & 2go Code	11c. Registration/ Document Number	
FIDELIO, INC. 188 BROADWAY		,	WOODCLIFF LAKE NJ 076	F94000002441	
				75.6450- 5: {	
•			4	3.4	

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 Statistics Tercional Transfer on 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 it further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by classification.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number