

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT -1 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
B94000000282

AUTOTECH LEASING ASSOCIATES, LIMITED PARTNERSHIP

Mailing Address

1499 W. PALMETTO PL. RD.
#320
BOCA RATON FL 33486

Principal Office Address

1499 W. PALMETTO PL. RD.
#320
BOCA RATON FL 33486

3. Date Formed or Registered

07/14/1994

3a. Date of Last Report

10/17/1997

4. State or Country of Formation

DE

5a. Capital Contributions as
Shown on record.

\$180.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

- 0 -

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

13-3458540

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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)

RITED AUTO LEASING CORP.
AUTO LEASING TED CORP.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

337 EAST 64TH STREET
337 EAST 64TH STREET

11b. City, State & Zip Code

NEW YORK NY 10021
NEW YORK NY 10021

11c. Registration/
Document Number

F04000003744
F04000003745

300002657073-017-6
-10/06/98-01055-017-6
*****52.50 *****52.50

dec

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

DATE

Typed or Printed Name of General Partner Signing Form

THEODORE WTB GUBLAST

Daytime Telephone Number

561 417-0199

CR2E003 (8/98)