

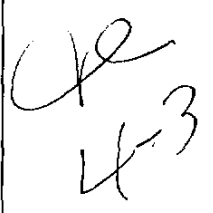


**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR -1 AM 9:41</p> 	
1. Name of Limited Partnership COOLIDGE - KEY LARGO EQUITIES LIMITED PARTNERSHIP		1a. DOCUMENT # B95000000010			
Mailing Address C/O ROBERT V. TIBURZI, JR. 455 CENTRAL PARK AVENUE SCARSDALE NY 10583		Principal Office Address 455 CENTRAL PARK AVENUE, SUITE 308 SCARSDALE NY 10583		3. Date Formed or Registered 01/09/1995 3a. Date of Last Report 11/17/1997 4. State or Country of Formation DE	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$530,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$530,000.00 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input checked="" 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
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, 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.		0000002480670-5 -04/07/98-01019-023 FL	
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) COOLIDGE - KEY LARGO REALTY	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) C/O 455 CENTRAL PARK	11b. City, State & Zip Code SCARSDALE NY 10583	11c. Registration/Document Number F95000000119 

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 **3/30/98**

Typed or Printed Name of General Partner Signing Form **MICHAEL E. ROSEN** Daytime Telephone Number **514 777-3100**

CR2E003 (12/97)