

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 18 PM 1:29

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000108

NORTHWEST PROMENADE ASSOCIATES, L.P., LIMITED PARTNERSHIP

Mailing Address

570 DELAWARE AVENUE
BUFFALO NY 14202

Principal Office Address

570 DELAWARE AVENUE
BUFFALO NY 14202

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

03/23/1995

3a. Date of Last Report

01/12/1996

4. State or Country of Formation

NY

5a. Capital Contributions as
Shown on record.

\$9,900.00

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

6. FEI Number

16-1451246

☐ 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

GOODWIN, JAMES W ESQ
MCFARLANE AUSLEY FERGUSON & MCMULLEN
111 MADISON STREET, SUITE 2399
TAMPA FL 33602

10. If changed, new Registered Agent/Office

Name

Corporation Service Company

Street Address (P.O. Box Number Is Not Acceptable)

1201 Hays Street

Suite, Apt. #, etc.

City

Tallahassee

FL

Zip Code

32301

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.

Corporation Service Company

As Agent

SIGNATURE (Registered Agent Accepting Appointment)

Deborah D. Skipper Deborah D. Skipper

DATE 12-18-96

**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)

BENDERSON-MANATEE, L.C.

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

570 DELAWARE AVENUE

11b. City, State & Zip Code

BUFFALO NY 14202

11c. Registration/
Document Number

L93000000382

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

David H. Baldauf, Mgr.

DATE

12/15/96

Typed or Printed Name of General Partner Signing Form

David H. Baldauf

Daytime Telephone Number

(716) 886-0211

CR2E003 (6/96)

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
1-800-342-8086

800-342-8086

2

B95000000108



networks

PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 191870 4702925

AUTHORIZATION :

Patricia Pysant

COST LIMIT : \$ 208.05

ORDER DATE : December 17, 1996

ORDER TIME : 10:49 AM

ORDER NO. : 191870

CUSTOMER NO: 4702925

CUSTOMER: Lee Noworyta, Cpa
Benderson Development Co.,
570 Delaware Avenue

500002032735-4

Buffalo, NY 14202

CHANGE OF AGENT

NAME: NORTHWEST PROMENADE
ASSOCIATES, L.P., LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Victoria L. Perez

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 18 PM 1:29
RECEIVED
96 DEC 18 PM 2:10
DIVISION OF CORPORATIONS

BK
12/18/96