



FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO 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</p> <p>98 JAN -5 PM 12: 28 <i>mtu 1/16</i></p> 
1. Name of Limited Partnership NORTHWEST PROMENADE ASSOCIATES, L.P., LIMITED PARTNERSHIP		1a. DOCUMENT # B95000000108	
Mailing Address 570 DELAWARE AVENUE BUFFALO NY 14202	Principal Office Address 570 DELAWARE AVENUE BUFFALO NY 14202	3. Date Formed or Registered 03/23/1995	5a. Capital Contributions as Shown on record: \$9,900.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/18/1996	5b. Amount of Capital Contributions in FLORIDA to date: 9900.00
2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation NY	6. FEI Number 16-1451246
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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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) 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
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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 12/31/97

Typed or Printed Name of General Partner Signing Form

DAVID H. BALDAUF

Daytime Telephone Number

(716) 886-0211

CR2E003 (6/97)