

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



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

FILED

97 FEB 25 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
**B95000000140**

**TEAMALLIANCE TECHNOLOGY PARTNERS, L.P., LIMITED**

97-AR CM

Mailing Address

~~ONE WORLD TRADE CENTER, SUITE 7007  
NEW YORK NY 10048~~

Principal Office Address

THE CORPORATION TRUST COMPANY  
1209 ORANGE STREET  
WILMINGTON DE 19801

3. Date Formed or Registered

04/21/1995

5a. Capital Contributions as  
Shown on record.

\$1,000.00

3a. Date of Last Report

11/21/1995

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

1000

4. State or Country of Formation

NY

2. Mailing Address

590 Fifth Avenue

2a. Principal Office Address

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

City & State

Zip

10036

Country

City & State

Zip

Country

6. FEI Number

13-3774205

☐ 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

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

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)

TEAMALLIANCE TECHNOLOGY PART

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

~~ONE WORLD TRADE CENTER~~  
590 Fifth Avenue

11b. City, State & Zip Code

NEW YORK NY ~~10048~~  
10036

11c. Registration/  
Document Number

F05000001950

300002100153--9  
-02/27/97--01076--002  
\*\*\*\*156.25 \*\*\*\*156.25

OK TO PAY

**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

2/10/97

Typed or Printed Name of General Partner Signing Form

Morley Levine

Daytime Telephone Number

212575-1400