

Document Number Only

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95 MAY 31 AM 11:00
DIVISION OF CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 3:45

CT CORPORATION SYSTEM

Requestor's Name

660 EAST JEFFERSON STREET

Address

TALLAHASSEE FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

Coolidge - Central Florida Equities L.P.

000001505840

06/06/95 01015-008

***1785.00 ***1785.00

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Limited Liability Company

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☒ Limited Partnership

☒ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other

☐ Change of R.A.

☐ Fictitious name Filing

☐ Certified Copy

☐ Photo Copies

☐ CUS

☒ Call When Ready

☒ Walk In

☒ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

Name	
Availability	13/1
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

CR2E031 (1-89)

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5/31/95
3:00
6/31
G. TAX _____
FILING _____
R. AGENT FEE. 1750.00
G. COPY 35.00
TOTAL 1785.00
N. BANK _____
BALANCE DUE _____
TOTAL _____

file 2nd

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Coolidge - Central Florida Equities Limited Partnership
(Name of limited partnership as it is in the home state)

2. Delaware
(State of Formation)

3. March 8, 1995
(Date of Formation)

4. CT Corporation System
(Name of Registered Agent for Service of Process)

5. c/o CT Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

6. Acceptance by the Registered Agent for Service of Process

Richard R. Herman
(Officer must sign on this line)

Richard R. Herman, Vice President

(Type name and Title of Officer)

7. c/o CT Corporation System, 1209 Orange Street, Wilmington, Delaware, 19801
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

8. NAME OF GENERAL PARTNER

SPECIFIC ADDRESS

Coolidge - Central Florida Realty Corp.

550 Mamaroneck Avenue
Harrison, New York 10528

45000062623

9. 550 Mamaroneck Avenue, Harrison, New York 10528
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

10. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

11. 550 Mamaroneck Avenue, Harrison, New York 10528
(Mailing Address of Limited Partnership)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 3:25

This 26th day of May, 1995.

Coolidge - Central Florida Realty Corp., General Partner

By:

Albert J. Cardinali
Albert J. Cardinali, Vice President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 3:25

STATE OF NEW YORK
COUNTY OF NEW YORK

THE FOREGOING instrument was acknowledged and sworn to before me this 26th day of May, 1995, by Albert J. Cardinali, Vice President of Coolidge - Central Florida Realty Corp., the General Partner of Coolidge - Central Florida Equities Limited Partnership, a Delaware limited partnership, on behalf of the said limited partnership.

Notary Public

State of New York at Large

My commission expires:

RAY A. TORRES
Notary Public, State of New York
No. 31-4888019

Qualified in New York County
Commission Expires July 14, 1998

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Albert J. Cardinali, Vice President of Coolidge - Central Florida Realty Corp., the general partner of Coolidge - Central Florida Equities Limited Partnership, a Delaware limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partner(s) is \$ 440,500.
2. The anticipated amount of the capital contributions of the limited partner(s) that are allocated for the purposes of transacting business in Florida is \$ 440,500.

This 26th day of May, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury the undersigned declares that the undersigned has read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner

COOLIDGE - CENTRAL FLORIDA REALTY CORP.

By: 
Albert J. Cardinali, Vice President

State of: New York
County of: New York
Date: May 26, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Albert J. Cardinali, Vice President of Coolidge - Central Florida Realty Corp. (General Partner), known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledges to me and before me that he executed this Affidavit as General Partner of said partnership.

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DIVISION OF CORPORATIONS
MAY 31 1995
PH 3:25

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 26th day of May, 1995.


Notary Public

Seal

State of New York at large
My Commission Expires:

KAY A. TOWNS
Notary Public, State of New York
No. 31-4886418
Qualified in New York County
Commission Expires July 14, 1998

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 3:25

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED

96 JAN -3 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000197

COOLIDGE - CENTRAL FLORIDA EQUITIES LIMITED PARTNERSHIP **GL-AR**
CUS

Mailing Address
**580 MAMARONECK AVENUE
HARRISON NY 10528**

Principal Office Address
**C/O C T CORPORATION SYSTEM
1380 ORANGE STREET
WILMINGTON DE 19801**
CM

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

3. Date Formed or Registered to Do Business in
FLORIDA **05/31/1995**

3a. Date of Last Report

4. State or Country of Formation
DE

5a. Capital Contributions as Shown
on Record
\$440,500.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FEI Number
13-3247639

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If amount entered in 5b is greater than amount entered in 5a, a separate affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

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.

DATE

SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
COOLIDGE - CENTRAL FLORIDA R	580 MAMARONECK AVENUE	HARRISON NY 10528	F95000002623
			30000168630S -01/11/96--01025--008 ****\$85.00 ****\$85.00

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 111.07(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 effect 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

Typed or Printed Name of General Partner Signing Form

MICHAEL E. ROSEN

DATE

December 28, 1995

Telephone Number

914) 777-3100

0010000