FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 29 MMO: 12

1. Name of Limited Partnership

SIGNATURE 5

Typed or Printed Name of General Partner Signing Form

1a. DOCUMENT # **B96000000164**

SCARSDALE NY 10883 C/O C T CORPORATION SYSTEM 1209 ORANGE STREET WILLIMSTON DE 18901 2. Mailing Address 2a. Principal Offico Address DE Sulto, Apt. #, etc. City & State City & State City & State City & State To Country Tip To Country To Coun	
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209 ORANGE STREET WILMINGTON DE 19901 38. Dato of Lest Report 01/21/1997 5b. Amount of Contribution 01/21/1997 4. State or Country of Formation DE	A 0.00
2. Meiling Address 2a. Principal Office Address 2b. Amount of Contribution Contribution of State of Country Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country 7c. Certificate of Status Desired 7c. Certificate of Status Desired Rampulse FOR 8. Make chock payable to: Dept. of State (See reverse agent) C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zity City City FL Zity City FL Zity City FL Zity City FL Zity City City FL Zity City City FL Zity City City FL Zity City	\$0.00
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City & State Country Country Country Country Country Country Registered Agent To, Certificate of Status Desired R. Make chock payable to: Dopt. of State (See reverse 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Sulle, Apt. #, etc. City FL Zig To the purpose of changing its registered Agent or both, in the State of Floride Such change was authorized by its general partner(s). Thereby accept the app agent. I am familiar with, and accept the obligations of section 670-192, Florida Statutes. Signature (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINE MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner (b) NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. D	.00
Tip Country 7. Certificate of Status Desired 8. Make chock payable to: Dopt. of State (See reverse 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zi Total Pursuant to the provisions of sections 620.1051 and 620 182, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida Such change was authorized by its general partner(s). I hereby accept the appagent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. Signature (Registered Agent Accepting Appointment). OATE . A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINE MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partnership organized or registered at Zip Code 11c. D	5 Applied For
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9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suite, Apt. #, etc. City FL 108. 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. Such change was authorized by its general partner(s). I hereby accept the appagent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINE MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner 11b. City. State & Zip Code 11c. D	\$8.75 Additional Fee Required
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COOLIDGE-CORAL REALTY CORP. 455 CENTRAL PARK AVEN SCARSDALE NY 10583 E96000	Registration/ Jocument Number
	0002401
5000023855: -12/30/97010 *****156.25 ***	SIB2 40002 ***156.25
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a gene	

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 Trolease 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 logal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted

DATE _ 12/22/47

Daytime Telephone Number _ 914-472-6070