FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1999**

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

99 JAN 15 PM 4:36

1. Name of Limited Partnership

1a. DOCUMENT # B96000000173

COOLIDGE-VALENCIA ASSETS LIMITED PARTNERSHIP

Mailing Address
455 CENTRAL PARK AVENUE, SUITE 308
SCARSDALE NY 10583

Principal Office Address
C/O C T CORPORATION SYSTEM
1209 ORANGE STREET
WILMINGTON DE 19801

2. Mailing Address
Suite, Apt #, etc
City & State
Zip Country

2a. Principal Office Address
Suite, Apt #, etc
City & State
Zip Country

3. Date Formed or Registered
05/16/1996

3a. Date of Last Report
12/29/1997

4. State or Country of Formation
DE

5a. Capital Contributions as Shown on record
$124,306.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
13-2843929

☐ 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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/Document Number
COOLIDGE-VALENCIA REALTY COR	455 CENTRAL PARK AVEN	SCARSDALE NY 10583	F96000002464

[illegible]
-01/29/99- 01075 -003
****526.25 ****526.25

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 [signature] DATE 1/7/99

Typed or Printed Name of General Partner Signing Form Robert V. Tiburzi JR. Daytime Telephone Number 914-472-6070

CR2E003 (8/98)