

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 4:37

RECEIVED
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership:

1a. DOCUMENT #
B96000000174

COOLIDGE-VALENCIA EQUITIES LIMITED PARTNERSHIP

Mailing Address:

455 CENTRAL PARK AVENUE, SUITE 308
SCARSDALE NY 10583

Principal Office Address:

455 CENTRAL PARK AVENUE STE 308
SCARSDALE NY 10583

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

12/31/1997

4. State or Country of Formation

DE

6. FID Number

13-3889027

7. Certificate of Status Desired

☐ \$8.75 Annual Fee Required

8. Make check payable to: Dept. of State (See reverse side for information)

5a. Capital Contributions as
Shown on Record

\$1,481,666.59

5b. Amount of Capital
Contributions in FL OR DA
to date

☐ Applied For
☐ Not Applicable

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)

COOLIDGE-VALENCIA REALTY COR

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

455 CENTRAL PARK AVE.

11b. City, State & Zip Code

SCARSDALE NY 10583

11c. Registration
Document Number

F96000002464

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 to exempt from public access. I further certify that the information included 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

Typed or Printed Name of General Partner Signing Form

Robert V. Tiburzi, JR.

DATE

Daytime Telephone Number

1/7/99
914-472-6070

CR2E003 10/98