

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 STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 29 AM 10:12



1. Name of Limited Partnership

1a. DOCUMENT #
B9600000265

CONWAY PLAZA PARTNERS, LIMITED PARTNERSHIP

Mailing Address

455 CENTRAL PARK AVENUE
SCARSDALE NY 10583

Principal Office Address

455 CENTRAL PARK AVENUE
SCARSDALE NY 10583

3. Date Formed or Registered

07/11/1996

5a. Capital Contributions as Shown on record.

\$700,000.00

3a. Date of Last Report

03/13/1997

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

\$700,000

4. State or Country of Formation

DE

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number

13-3899077

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)

CONWAY PLAZA REALTY CORP.

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

455 CENTRAL PARK AVEN

11b. City, State & Zip Code

SCARSDALE NY 10583

11c. Registration/Document Number

F96000003526

800002385518--4
-12/30/97-01038-007
****541.25 ****541.25

dec

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 in this statement 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 herein is incomplete, incorrect or false. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this form as required by Chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Theodore Sannella

Vice President

DATE

12/18/97

Daytime Telephone Number

9144726070

CR2E003 (6/97)