

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP.
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 28 PM 3:19

1. Name of Limited Partnership LESTKEN PARTNERS, a LIMITED PARTNERSHIP		1a. DOCUMENT # B96000000389	
Mailing Address: 66 PALMER AVENUE, SUITE 43 SAME BRONXVILLE, N.Y. 10708		Principal Office Address:	
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 9/20/96		5a. Capital Contributions as Shown on record. - 0 -	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date. - 0 -	
4. State or Country of Formation NEW YORK		6. FEI Number 13-3430312 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information) 156.25	

9. Name and Address of Current Registered Agent HENTILE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., SUITE 105 TALLAHASSEE, FLORIDA 32301		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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) TK-GP CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 66 PALMER AVENUE SUITE 43	11b. City, State & Zip Code BRONXVILLE, N.Y. 10708	11c. Registration/Document Number F96 00000 5204 OR 3-28 800002129898--1 -04/01/97--01050--008 ****156.25 ****156.25
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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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

Thomas E. LASALA

**12/31/96
914-779-5100**

CR2E003 (6/96)