**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC -1 PM 12:39

**1.** Name of Limited Partnership
OSJ Realty Partners
A Limited Partnership

**1a.** DOCUMENT # B96000000390

12/2

Mailing Address
P.O Box 3143
West Caldwell
New Jersey 07006

Principal Office Address
66 Palmer Ave
Suite 32
Bronxville NY
10708

**3.** Date Formed or Registered
10/08/96

**3a.** Date of Last Report
N/A

**4.** State or Country of Formation
New York

**5a.** Capital Contributions as Shown on record.
0.00

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

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

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

**6.** FEI Number
13-3125477
☐ 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
Corporation Service Company
1201 Hays Street
Tallahassee FL. 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

**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 |
|---|---|---|---|
| SBGP Corporation | 66 Palmer Ave<br>Suite 32 | Bronxville NY<br>10708 | F96000005202 |

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CR2E003 (9/98)

**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 11/24/98

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____