

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 MAY 12 AM 7:55



1. Name of Limited Partnership

1a. DOCUMENT #  
B97000000010

SARATOGA LEASING COMPANY, L.P.

Mailing Address

1200 CORPORATE CENTER WAY, SUITE 202  
WEST PALM BEACH FL 33414

Principal Office Address

1200 CORPORATE CENTER WAY, SUITE 202  
WEST PALM BEACH FL 33414

3. Date Formed or Registered

12/27/1996

5a. Capital Contributions as  
Shown on record.

\$25,000.00

3a. Date of Last Report

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

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State or Country of Formation

NJ

6. FEI Number

65-0701111

☐ 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

FIRESTONE, MATTHEW  
1200 CORPORATE CENTER WAY, SUITE 202  
WEST PALM BEACH FL 33414

10. If changed, new Registered Agent/Office

Name

400002176464--8

Street Address (P.O. Box Number Is Not Acceptable)

-05/13/97--01052--023

\*\*\*\*103.75 \*\*\*\*103.75

Suite, Apt. #, etc.

400002176464--8

City

-05/13/97--01052--024

\*\*\*\*175.00 \*\*\*\*175.00

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)

SARATOGA LEASING CORPORATION

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

1200 CORPORATE CENTER

11b. City, State & Zip Code

WEST PALM BEACH FL 33

11c. Registration/  
Document Number

F96000006569

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

3/26/97

Typed or Printed Name of General Partner Signing Form

MATTHEW K. FIRESTONE

Daytime Telephone Number

561/791-8100

CR2E003 (11/96)