

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

98 OCT 13 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
B97000000085

CHADGOLD II LIMITED PARTNERSHIP



Mailing Address

~~% NEWKIRK LIMITED PARTNERSHIP~~
500 W. PUTNAM AVE.
GREENWICH CT 06830

Principal Office Address

~~% NEWKIRK LIMITED PARTNERSHIP~~
500 W. PUTNAM AVE.
GREENWICH CT 06830

3. Date Formed or Registered

02/10/1997

5a. Capital Contributions as
Shown on record.

\$0.00

3a. Date of Last Report

11/06/1997

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

4. State or Country of Formation

DE

2. Mailing Address

c/o The Newkirk Group

2a. Principal Office Address

c/o The Newkirk Group

Suite, Apt. #, etc.

100 Jericho Quadrangle, #214

Suite, Apt. #, etc.

100 Jericho Quadrangle, #214

City & State

Jericho, NY

City & State

Jericho, NY

Zip

Country

11753

Zip

Country

11753

6. FEI Number 22-3105814
APPLIED FOR

☐ 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

UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
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)

CHADGOLD CORP.

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

500 W. PUTNAM AVE.
100 Jericho Quadrangle,
#214

11b. City, State & Zip Code

GREENWICH CT 06830
Jericho, NY 11753

11c. Registration/
Document Number

F97000000700

300002666083--4
-10/16/98--01111--007
****141.25 ****141.25

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 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: Allison Forrester, Asst. Secretary
Daytime Telephone Number: (516) 681-3636

CR2E003 (8/98)