

**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**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>
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<b>1. Name of Limited Partnership</b>  <b>CHADGOLD II LIMITED PARTNERSHIP</b>	<b>1a. DOCUMENT #</b> <b>B97000000085</b>
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<b>2. Mailing Address</b> c/o The Newkirk Group 100 Jericho Quadrangle, #214 Jericho, NY 11753	<b>2a. Principal Office Address</b> c/o The Newkirk Group 100 Jericho Quadrangle, #214 Jericho, NY 11753
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<b>3. Date Formed or Registered</b> 02/10/1997	<b>5a. Capital Contributions as Shown on record.</b> \$0.00
<b>3a. Date of Last Report</b> 11/06/1997	
<b>4. State or Country of Formation</b> DE	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
<b>6. FEI Number</b> 22-3105814 APPLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>  UNITED STATES CORPORATION COMPANY 1201 HAYES ST. TALLAHASSEE FL 32301
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<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State: <b>FL</b> 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CHADGOLD CORP.	500 W. PUTNAM AVE. 100 Jericho Quadrangle, #214	GREENWICH CT 06830 Jericho, NY 11753	F97000000700

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*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 By: Chadgold Corp., general partner  
By: Allison Forrester DATE \_\_\_\_\_

Typed or Printed Name of General Partner: Allison Forrester, Asst. Secretary Telephone Number: (516) 681-3636

CR2E003 (8/98)