

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
99 APR 26 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # B97000000128
BLUESTONE CAPITAL PARTNERS, L.P.	

Mailing Address 575 FIFTH AVENUE NEW YORK NY 10017	Principal Office Address 575 FIFTH AVENUE NEW YORK NY 10017
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 03/07/1997	5a. Capital Contributions as Shown on record \$125,000.00
3a. Date of Last Report 01/09/1998	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation NY	
6. FEI Number 13-3864274	☐ 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	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10. If changed, new Registered Agent/Office

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) BLUESTONE CAPITAL MANAGEMENT	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 575 FIFTH AVENUE	11b. City, State & Zip Code NEW YORK NY 10017	11c. Registration/ Document Number F97000001194
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3000002860763-5
-05/04/99-01003-001
***562.50 ***56.50

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 *Cleff E. Miller* CFO DATE 3/31/99
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number