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
99 JAN 14 AM 7:49

1. Name of Limited Partnership

1a. DOCUMENT # B97000000244

COOLIDGE-CLARCONA EQUITIES LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
455 CENTRAL PARK AVENUE SCARSDALE NY 10583	455 CENTRAL PARK AVENUE SCARSDALE NY 10583

qa-AR
CM

3. Date Formed or Registered
05/21/1997

3a. Date of Last Report
12/29/1997

4. State or Country of Formation
DE

5a. Capital Contributions as Shown on record
$784,706.50

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
13-3949288
☐ 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)

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

9. Name and Address of Current Registered Agent

CALLAHAN, W. SCOTT
28 E. WASHINGTON STREET
ORLANDO FL 32802

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
COOLIDGE-CLARCONA REALTY COR	455 CENTRAL PARK AVEN	SCARSDALE NY 10583	F97000002702

CR2E003 (8/98)

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 effect 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 [signature] DATE 1/7/99

Typed or Printed Name of General Partner Signing Form Robert V. Tiburzi, JR. Daytime Telephone Number 914-472-6070