

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 JAN -9 PM 1:30

1. Name of Limited Partnership

GRAND CRY PROPERTY TRUST L.P.

1a.

DOCUMENT #  
B9700000583

Mailing Address

Principal Office Address

420 LEXINGTON AVENUE SUITE 2702  
NEW YORK, NY 10170

3. Date Formed or Registered

OCT 28, 1997

5a. Capital Contributions as Shown on record

100<sup>00</sup>

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date

2. Mailing Address

2a. Principal Office Address

420 LEXINGTON AVENUE

Suite, Apt. #, etc.

SUITE 2702

City & State

NEW YORK NY

Zip

10170

Country

Suite, Apt. #, etc.

City & State

Zip

Country

4. State or Country of Formation

DELAWARE

6. FEI Number

13-3974471

☐ 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

10. If changed, new Registered Agent/Office

CORPORATION SERVICE COMPANY

1201 HAYES STREET

TALLAHASSEE, FL 32301

Name

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

8000002410898--9

Suite, Apt. #, etc.

-01/23/98--01123--005

City

\*\*\*\*156.25 \*\*\*\*156.25

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

GRAND CRY RIVERSIDE GP LLC

420 LEXINGTON AVE, SUITE 2702

NEW YORK, NY 10170

1997-495  
1-22

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 12-30-97

CR2E003 (6/97)