

**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 26 AM 10:54

1. Name of Limited Partnership

1a. DOCUMENT #

B97000000624

Battin II Limited Partnership

9/1/28

Mailing Address

Principal Office Address

c/o The Newkirk Group  
100 Jericho Quadrangle  
Suite 214  
Jericho, New York 11753

Same

3. Date Formed or Registered

11/18/97

5a. Capital Contributions as Shown on record

17,750

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

Delaware

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

22-3096486

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

The Prentice-Hall Corporation System, Inc.  
1201 Hays Street, Suite 105  
Tallahassee, Florida 32301

Name

Street Address (P.O. Box Number if Applicable) 800002416379--3

-01/28/98--01093--007

Suite, Apt. #, etc.

\*\*\*\*228.00 \*\*\*\*228.00

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

Battin Corp.

c/o The Newkirk Group  
100 Jericho Quad.  
Suite 214

Jericho, New York  
11753

F97000006107

**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 **Battin II Limited Partnership**

By: **Battin Corp.**, general partner

SIGNATURE By:

DATE

12/22/97

Typed or Printed Name of General Partner Signing Form

Peter Braverly

Daytime Telephone Number (516) 681-3636

CR2E003 (6/97)