

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 13 AM 9:44



02/17

1. Name of Limited Partnership ALTITUNES PARTNERS, LP		1a. DOCUMENT # B97000000648	
Mailing Address 740 BROADWAY, 2ND FLOOR NEW YORK NY 10021		Principal Office Address 740 BROADWAY, 2ND FLOOR NEW YORK NY 10021	
2. Mailing Address Suite, Apt. #, etc. City & State Zip 10003 Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip 10003 Country	
3. Date Formed or Registered 12/02/1997		5a. Capital Contributions as Shown on record. \$0.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date: 0	
4. State or Country of Formation NY		6. FEI Number 13-3774596 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 32301-2525		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
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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) NYE, AMY J	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 333 EAST 69TH STREET	11b. City, State & Zip Code NEW YORK NY 10021	11c. Registration/Document Number
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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 X *Amy J Nye*

DATE **2/10/98**

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CR2E003 (12/97)