

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 20 PM 1:41



1. Name of Limited Partnership	1a. DOCUMENT # A22388
WHALEY'S SHOPPING CENTER, LTD.	

Mailing Address 5353 SNAPPINGER WOODS DR. DECATUR GA 30035 US	Principal Office Address 5353 SNAPPINGER WOODS DR. DECATUR GA 30035 US	3. Date Formed or Registered 04/17/1986	5a. Capital Contributions as Shown on record. \$225,200.00
2. Mailing Address P.O. BOX 10187	2a. Principal Office Address	3a. Date of Last Report 12/14/1995	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State TAMPA, FLA.	City & State	6. FEI Number 59-2706869	☐ Applied For ☐ Not Applicable
Zip 33679-0187	Country USA	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 MELENDEZ, CHARLES E. 601 S. MAGNOLIA TAMPA FL 33606	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) MELENDEZ/CHUNN FINANCIAL SERVI	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5353 SNAPPINGER WOODS	11b. City, State & Zip Code DECATUR GA 30035	11c. Registration/Document Number G66480
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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 *Charles E. Melendez Jr.* PRESIDENT DATE **9/17/96**
Typed or Printed Name of General Partner Signing Form **CHARLES E. MELENDEZ JR.** Daytime Telephone Number **770-593-9434**

CR2E003 (6/96)