

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

98 DEC 30 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership WHALEY'S SHOPPING CENTER, LTD.	1a. DOCUMENT # A22388 94-AR CM
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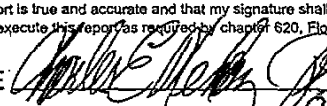
Mailing Address P.O. BOX 10187 TAMPA FL 33679-0187	Principal Office Address 5353 SNAPPINGER WOODS DR. DECATUR GA 30035 US	3. Date Formed or Registered 04/17/1986	5a. Capital Contributions as Shown on record. \$225,200.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 01/23/1998	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-2706869 ☐ Applied For ☐ Not Applicable
City & State	City & State	7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent MENDEZ, 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) MENDEZ/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
900002750829--1 -01/22/99--01005--016 ****526.25 ****526.25			

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  Typed or Printed Name of General Partner Signing Form CHARLES E. MENDEZ JR	DATE 12/28/98 Daytime Telephone Number (813) 286-8445

CR2E003 (8/98)