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

LIMITED PARTNERSHIP ANNUAL REPORT **1999**

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

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LR cl/10

1. Name of Limited Partnership: SHOPPES OF HIDDEN HARBOUR, LTD.

1a. DOCUMENT # A27392

Mailing Address	Principal Office Address
2400 COPANS ROAD SUITE 6 POMPANO BEACH FL 33069	2400 COPANS ROAD SUITE 6 POMPANO BEACH FL 33069

3. Date Formed or Registered: 11/16/1988
3a. Date of Last Report: 11/04/1997
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record.: $687,500.00
5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	2a. Principal Office Address
1048 Kane Concourse	1048 Kane Concourse
Suite, Apt. #, etc.: Suite 2B	Suite, Apt. #, etc.: Suite 2B
City & State: Bay Harbor, Florida	City & State: Bay Harbor , FL
Zip: 33154 Country:	Zip: 33154 Country:

6. FEI Number: 65-0090611 ☐ 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
REINHARD, SANFORD N 2875 N.E. 191ST STREET, #404 NORTH MIAMI BEACH FL 33180	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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
HARLAND ASSOCIATES, INC.	8371 WATERFORD CIR	TAMARAC FL	517336
SHOP-EXP., INC.	2875 N.E. 191ST ST.,	NORTH MIAMI BEACH FL	P95000095941

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 _____

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

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