

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 MAR 26 PM 11:19

1. Name of Limited Partnership
**1a. DOCUMENT #
A27531**



BLOOMINGDALE 301 LIMITED PARTNERSHIP

Mailing Address 501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33602	Principal Office Address 501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33602	3. Date Formed or Registered 12/13/1988	5a. Capital Contributions as Shown on record. \$311,913.00
		3a. Date of Last Report 04/04/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$311,913.00
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 98-0104104	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	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

HUMPHRIES, J. BOB
FOWLER WHITE GILLEN BOGGS VILLAREAL BANKER
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City

200002476882--0
-04/02/98--01069--012
***541.25 ***541.25
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
BLOOMINGDALE PROPERTY GENPAR	501 E. KENNEDY BLVD.	TAMPA FL	A27530 98 MAR 26 PM 11:19 SECRETARY OF STATE DIVISION OF CORPORATIONS

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 **BY: J. BOB HUMPHRIES, Asst. Sec.** DATE **3/25/98**

Typed or Printed Name of General Partner Signing Form Daytime Telephone Number **813.222.1173**

CR2E003 (6/97)