


**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 SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 14 PM 1:52 <i>mtm</i> 12/18	
1. Name of Limited Partnership		1a. DOCUMENT # A31286			
GAINESVILLE MALL LIMITED PARTNERSHIP					
Mailing Address 2772-5 2700 NORTHWEST 43RD STREET GAINESVILLE FL 32606		Principal Office Address 2772-5 2700 NORTHWEST 43RD STREET GAINESVILLE FL 32606		3. Date Formed or Registered 03/12/1991	5a. Capital Contributions as Shown on record. \$1,490,000.00
2. Mailing Address 2772 NW 43rd ST		2a. Principal Office Address 2772 NW 43rd ST		3a. Date of Last Report 01/02/1998	5b. Amount of Capital Contributions in FLORIDA to date: \$0
Suite, Apt. #, etc. Suite S		Suite, Apt. #, etc. Suite "S"		4. State or Country of Formation FL	
City & State Gainesville, FL		City & State Gainesville, FL		6. FEI Number 59-3054395	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32606 Country USA		Zip 32606 Country USA		7. Certificate of Status Desired <input checked="" 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		10. If changed, new Registered Agent/Office	
HOLDEN, CHARLES I., JR. 2700 C NORTHWEST 43RD STREET GAINESVILLE FL 32606 2772-5 NEW		Name Same Street Address (P.O. Box Number is Not Acceptable) 2772 NW 43rd ST Suite, Apt. #, etc. Suite "S" City Gainesville FL Zip Code 32606	

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
EREM, INC.	2700 C N.W. 43RD ST. 2772-5	GAINESVILLE FL	S37044
400002721254--3 -12/23/98--01077--021 ****150.00 ****150.00			

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 *Eric Spector* (POA) for _____ DATE _____
 Typed or Printed Name of General Partner Signing Form **ERIK SPECTOR, President** Daytime Telephone Number **212-362-2277**

CR2E003 (8/98)