

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 DEC 18 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A94000001849
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ATRIUM LAUDERHILL SHOPPING CENTER, LTD.



12/24

Mailing Address 2525 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020	Principal Office Address 2525 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020	3. Date Formed or Registered 12/29/1994	5a. Capital Contributions as Shown on record. \$1,013,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/20/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$1,013,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0543039
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. \$8.75 Additional Fee Required
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

ATRIUM LAUDERHILL SHOPPING CENTER, INC.
2525 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

10. If changed, new Registered Agent/Office

Name _____
Street Address (P.O. Box Number is Not Acceptable) **500002385305--9**
Suite, Apt. #, etc. **-12/30/97--01018--002**
City *****576.25 ***576.25**
FL

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
ATRIUM LAUDERHILL SHOPPING C	2525 HOLLYWOOD BOULEV	HOLLYWOOD FL 33020	P94000092873

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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 *Gregory Atria* DATE **Dec. 13, 1997**
 Typed or Printed Name of General Partner Signing Form **Gregory Atria** Daytime Telephone Number **954-922-6410**

CP2E003 (6/97)