

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR -6 PM 12:08



1. Name of Limited Partnership
**1a. DOCUMENT #
A96000001181**

PEBB ENTERPRISES SHOPPES OF DELRAY LTD.

Mailing Address 1000 CORPORATE DRIVE, SUITE 210 FORT LAUDERDALE FL 33334	Principal Office Address 1000 CORPORATE DRIVE, SUITE 210 FORT LAUDERDALE FL 33334	3. Date Formed or Registered 06/24/1996	5a. Capital Contributions as Shown on record. \$9,900.00
		3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date.
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 65-0675543	<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		

9. Name and Address of Current Registered Agent ROSENBERG, JEFFREY M 1000 CORPORATE DRIVE, SUITE 210 FORT LAUDERDALE FL 33334	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 800002107838--3 -03/10/97--01005--014 City ***103.75 FL ***103.75
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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) PEBB MANAGEMENT COMPANY, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1000 CORPORATE DRIVE,	11b. City, State & Zip Code FORT LAUDERDALE FL 33	11c. Registration/Document Number P96000039415
		800002107838--3 -03/10/97--01005--013 *****69.30 *****69.30	
		New Fees	KWM

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.

PEBB MANAGEMENT COMPANY, INC. by: DATE **2/4/97**
SIGNATURE _____
Typed or Printed Name of General Partner Signing Form **Jeffrey M. Rosenberg, Sec.-Treas.** Daytime Telephone Number **(954) 771-3305**

CR2E003 (6/96)