

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

97 NOV - 7 PM 3: 35



1. Name of Limited Partnership
COUNTRYSIDE SQUARE LIMITED PARTNERSHIP

1a. DOCUMENT #
B96000000428

2. Mailing Address C/O HRE PROPERTIES 321 RAILROAD AVENUE GREENWICH CT 06830		2a. Principal Office Address C/O THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801	
3. Date Formed or Registered 11/13/1996		5a. Capital Contributions as Shown on record. \$9,450,000.00	
3a. Date of Last Report 04/10/1997		5b. Amount of Capital Contributions in FLORIDA to date: 9,450,000.00	
4. State or Country of Formation DE		6. FEI Number 06-1467339	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____ State **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
HRE PROPERTIES	321 RAILROAD AVENUE	GREENWICH CT 06830	D00106
400002344854--7 -11/12/97--01086--002 *****541.25 *****541.25 <i>dec</i>			

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 *James R. Moore*, Exec VP, Hre Properties, *General Partner* DATE *10/20/97*
 Typed or Printed Name of General Partner Signing Form *James R. Moore* Daytime Telephone Number *203-863-8200*

CR2E003 (6/97)