


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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|---|--|---|--|--|--|
| LIMITED PARTNERSHIP ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| 1. Name of Limited Partnership SOUTHSIDE SHOPPING CENTER, LIMITED | | 1a. DOCUMENT # A05883 | | | |

FILED
 98 DEC 22 AM 11:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



| | | | | | |
|--|--|---|--|---|--|
| Mailing Address P.O. BOX 568367 ORLANDO FL 32856-8367 | | Principal Office Address 260 W. PINELOCH STREET ORLANDO FL 32806-6133 | | 3. Date Formed or Registered 07/27/1977 | 5a. Capital Contributions as Shown on record. \$527,667.00 |
| | | | | 3a. Date of Last Report 12/17/1997 | 5b. Amount of Capital Contributions in FLORIDA to date: |
| | | | | 4. State or Country of Formation FL | |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | | 6. FEI Number 59-6134176 | |
| | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 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) | | | | | |

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| 9. Name and Address of Current Registered Agent WALSH JR., JOHN J. 260 W. PINELOCH STREET ORLANDO FL 32806-6133 | | 10. If changed, new Registered Agent/Office Name Phyllis P. Caruso Street Address (P.O. Box Number is Not Acceptable) 260 W. PINELOCH STREET Suite, Apt. #, etc. City ORLANDO Zip Code FL 32806 | |
|---|--|--|--|

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) Phyllis P. Caruso DATE 11/9/98

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 |
|-----------------------------------|---|-----------------------------|-----------------------------------|
| CARUSO, AUSTIN A. JR. | 260 W. PINELOCH STREE | ORLANDO FL 32806-6133 | 700002739147--6 |
| CARUSO, J. PAUL | 260 W. PINELOCH STREE | ORLANDO FL 32806-6133 | 11/13/99--01021--015 |
| CARUSO, PHYLLIS P. | 260 W. PINELOCH STREE | ORLANDO FL 32806-6133 | ****535.00 ****535.00 |
| WALSH, JOHN J. JR. | 260 W. PINELOCH STREE | ORLANDO FL 32806-6133 | 3 |
| | | | 6199 |
| | | | AL JAN 6 - 1999 |

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 Phyllis P. Caruso DATE 11/9/98
 Typed or Printed Name of General Partner Signing Form PHYLLIS P. CARUSO Daytime Telephone Number 407-859-3550

CR2E003 (8/98)