

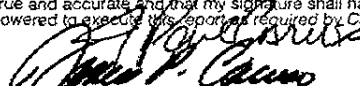


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A05883</b> 1. Entity Name <b>SOUTHSIDE SHOPPING CENTER, LIMITED</b>					
Principal Place of Business <b>102 W. PINELOCH STREET, STE. 10          ORLANDO, FL 32806</b>			Mailing Address <b>P.O. BOX 568367          ORLANDO, FL 32856-8367</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-6134176</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CARUSO, PHYLLIS P          102 W. PINELOCH STREET, STE. 10          ORLANDO, FL 32806</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$527,667.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	CARUSO, AUSTIN A. JR.		CITY-ST-ZIP		
STREET ADDRESS	102 W. PINELOCH STREET, STE. 10				
CITY-ST-ZIP	ORLANDO, FL 32806				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	CARUSO, J. PAUL		CITY-ST-ZIP		
STREET ADDRESS	102 W. PINELOCH STREET, STE. 10				
CITY-ST-ZIP	ORLANDO, FL 32806				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	CARUSO, PHYLLIS P.		CITY-ST-ZIP		
STREET ADDRESS	102 W. PINELOCH STREET, STE. 10				
CITY-ST-ZIP	ORLANDO, FL 32806				
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			Date: <b>4/6/04</b> Daytime Phone #: <b>407-859-3550</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE