


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # A05883 1. Entity Name SOUTHSIDE SHOPPING CENTER, LIMITED	
---	---

Principal Place of Business 102 W. PINELOCH STREET, STE. 10 ORLANDO, FL 32806	Mailing Address P.O. BOX 568367 ORLANDO, FL 32856-8367
---	--

DO NOT WRITE IN THIS SPACE



01262007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2386659	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent CARUSO, PHYLIS P 102 W. PINELOCH STREET, STE. 10 ORLANDO, FL 32806

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
---	------------

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

U00000696999
04/18/07-80022-016 500.00

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CARUSO, AUSTIN A. JR. 102 W. PINELOCH STREET, STE. 10 ORLANDO, FL 32806
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CARUSO, J. PAUL 102 W. PINELOCH STREET, STE. 10 ORLANDO, FL 32806
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CARUSO, PHYLIS P. 102 W. PINELOCH STREET, STE. 10 ORLANDO, FL 32806
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-2-07

STAPLE CHECK HERE