

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 DEC 16 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		1a. DOCUMENT # A07388	
1. Name of Limited Partnership HIALEAH LAKES PLAZA 123, LTD.		3. Date Formed or Registered 04/05/1979	
2. Mailing Address C/O DAVID H. ZOBERG 8367 BIRD ROAD MIAMI FL 33155		5a. Capital Contributions as Shown on record. \$98,758.75	
2a. Principal Office Address C/O DAVID H. ZOBERG 8367 BIRD ROAD MIAMI FL 33155		3a. Date of Last Report 09/23/1996	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation FL	
2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		6. FEI Number 59-1909267	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	



12/17

9. Name and Address of Current Registered Agent SHOOTING STAR ENTERPRISES, INC. 8367 BIRD RD. MIAMI FL 33155		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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) *David H. Zoberg Pres* DATE *9/6/97*

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
SHOOTING STAR ENTERPRISE	8367 BIRD RD.	MIAMI FL	610845

200002376752-6
-12/18/97-01088-008
***541.25 ***541.25

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 *David H. Zoberg Pres* DATE *9/6/97*
 Typed or Printed Name of General Partner Signing Form *DAVID H. ZOBERG PRES* Daytime Telephone Number *305-226-4080*

CR2E003 (6/97)