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**

98 FEB 16 AM 11: 00

Name of Limited Partnership	A12271				
TAMPA PLAZA ASSOCI	ATES, LTD.				
,			002/18		
Malling Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.	
1303 S. FRONTAGE ROAD. SUITE 13 1303 S. FRONTAGE ROAD. SUIT HASTINGS MN 55033 HASTINGS MN 55033		: 13	03/19/1982 3a. Date of Last Report \$3,514,400.00		
				5b. Amount of Capital Contributions in PLORIDA	
2. Mailing Address	2a. Principal Office Address	28. Principal Office Address		to date:	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State	City & State	City & State		Not Applicable \$8.75 Additional	
Zip Country	Zip			Fee Required State (See reverse side for fee information)	
9. Name and Addre	ess of Current Registered Agent	1	10. If changed, new Registered	d Agent/Office	
CORPORATION SERVICES COMPANY		Name Street Address (P.O. Box Number Shirt acceptable) 24353381			
1201 HAYS STREET TALLAHASSEE FL 32301		Suite Ant # etc			
TALLATASSEE PE SESSI		****526.25 *****526.25 City FL Zip Code			
for the purpose of changing its regis	is 620.1051 and 620.192, Florida Statutes, the above-name stered office or registered agent, or both, in the State of Fic I the obligations of section 620.192, Florida Statutes.			ne State of Florida, submits this statement	
SIGNATURE (Registered Agent Accepting Ap			DATE		
A GENERAL PARTNE	R THAT IS A CORPORATION, I MUST BE REGISTERED AN	LIMITED PA ID ACTIVE V	RTNERSHIP OR OTHE WITH THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office B	at Partner ox Numbers) 111	City, State & Zip Code	11c. Registration/ Document Number	
FLORIDA GULF, INC.	1303 S. FRONTAGE ROA	D I	Hastings MN 55033	F9300000309	
12. I do hereby certify that the information :	IAY NOT be changed on this form	ot quality for the exemp	ption stated in Section 119.07(3)(k), Florida		

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 appart as a further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this appart as a further certify that I am a General Partner of the limited partnership, receiver or trustee