

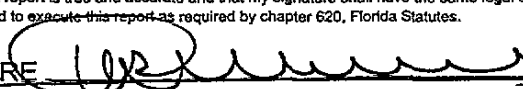


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 22 PM 4: 39

1/6



LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 22 PM 4: 39 <div style="text-align: right; margin-top: 10px;">mtu 1/6</div>	
1. Name of Limited Partnership FOWLER PLAZA C.V., LTD.		1a. DOCUMENT # A14168			
Mailing Address % AMNED PROPERTIES INC. 13902 N. DALE MABRY HWY. #165 TAMPA FL 33618		Principal Office Address % AMNED PROPERTIES INC. 13902 N. DALE MABRY HWY. #165 TAMPA FL 33618		3. Date Formed or Registered 03/18/1983 3a. Date of Last Report 12/22/1997 4. State or Country of Formation OC 6. FEI Number 98-0056052 <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)	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$1,600,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
9. Name and Address of Current Registered Agent PARKINSON MYERS, W. 13902 N. DALE MABRY HWY., STE. 165 TAMPA FL 33618				10. If changed, new Registered Agent/Office <div style="border: 1px solid black; padding: 2px;">Name</div> <div style="border: 1px solid black; padding: 2px;">Street Address (P.O. Box Number Is Not Acceptable)</div> <div style="border: 1px solid black; padding: 2px;">Suite, Apt. #, etc.</div> <div style="border: 1px solid black; padding: 2px;">City</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">FL</div> <div style="border: 1px solid black; padding: 2px;">Zip Code</div>	
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) _____ DATE _____					
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) KOMPAS MAKELAARDIJ 'T GOOI B		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) GRAVELANDSEWEG 86D		11b. City, State & Zip Code HILVERSUM, NETHERLAN	
				11c. Registration/Registration Number F93000002008 <div style="text-align: right; font-family: monospace;">400002739104--0 -01/13/99-01018-012 ****526.25 ****526.25</div>	
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  DATE 12/15/98 Typed or Printed Name of General Partner Signing Form VICTOR R. FRANSEN Daytime Telephone Number (703) 506-1006					