

**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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 NOV 17 PM 12:12 	
1. Name of Limited Partnership VERSAILLES SHOPPING PLAZA, LTD.		1a. DOCUMENT # A14417			
Mailing Address C/O LUIS E. ALONSO 552 SANTIAGO AVENUE ORLANDO FL 32807		Principal Office Address C/O LUIS E. ALONSO 552 SANTIAGO AVENUE ORLANDO FL 32807		3. Date Formed or Registered 04/28/1983 3a. Date of Last Report 11/20/1996 4. State or Country of Formation FL 6. FFI Number 59-2421183 7. Certificate of Status Desired ☐ \$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 \$0.00 5b. Amount of Capital Contributions in FL OR FLA to date: ☐ Applied For ☐ Not Applicable	

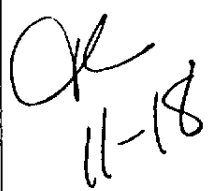
9. Name and Address of Current Registered Agent ALONSO, LUIS 552 SANTIAGO AVE. ORLANDO FL 32807	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to 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) _____

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) ALONSO, LUIS E.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 552 SANTIAGO AVENUE	11b. City, State & Zip Code ORLANDO FL	11c. Registration/Document Number 
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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 _____

Typed or Printed Name of General Partner Signing Form

LUIS E. ALONSO

DATE

11/16/97

Daytime Telephone Number

277-3703

CR25003 (6/97)