


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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| LIMITED PARTNERSHIP ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS | |
| 1. Name of Limited Partnership FHS/PLAZA NORTH, LTD. | | 1a. DOCUMENT # A17770 98-AR CM | |
| Mailing Address % FHS/PLAZA NORTH, LTD. 440 ROYAL PALM WAY, SUITE 100 PALM BEACH FL 33480 | | Principal Office Address % FHS/PLAZA NORTH, LTD. 440 ROYAL PALM WAY, SUITE 100 PALM BEACH FL 33480 | |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | |
| 3. Date Formed or Registered 08/31/1984 | | 5a. Capital Contributions as Shown on record. \$802,500.00 | |
| 3a. Date of Last Report 10/01/1996 | | 5b. Amount of Capital Contributions in FLORIDA to date: \$802,500.00 | |
| 4. State or Country of Formation FL | | 6. FEI Number 59-2442368 <input type="checkbox"/> Applied For <input checked="" 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) | |

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|--|--|--|--|
| 9. Name and Address of Current Registered Agent FHS CORPORATE SERVICES, INC. 11780 U.S. HIGHWAY ONE SUITE 300 NORTH PALM BEACH FL 33408 | | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code | |
|--|--|--|--|

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) FH&S REALTY CORPORATION | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 440 ROYAL PALM WAY, # 100 | 11b. City, State & Zip Code PALM BEACH FL | 11c. Registration/Document Number M03007 |
| 100002285961--2 -03/17/97--01096--005 ****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 _____ DATE 09/10/97

David M. Shaw, Vice President of

Typed or Printed Name of General Partner Signing Form FH&S Realty Corp., General Partner Daytime Telephone Number (561) 833-5600

CR2E003 (6/97)