

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED

98 FEB 20 PM 12: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A20372
HARBOR SQUARE LIMITED PARTNERSHIP	

Mailing Address 1421 EAST WAYZATA BLVD., #210 WAYZATA MN 55391	Principal Office Address 1421 EAST WAYZATA BLVD., #210 WAYZATA MN 55391
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 07/17/1985	5a. Capital Contributions as Shown on record. \$0.00
3a. Date of Last Report 02/24/1997	5b. Amount of Capital Contributions in FLORIDA to date: 0.00
4. State or Country of Formation MN	6. FEI Number 41-1522877 <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)

9. Name and Address of Current Registered Agent FARR, FARR, HAYMANS, MOSELEY, EMERICH, AND SIFRIT, P.A., ATTN: DAROL H. M. CARR, ESQ 2315 AARON ST. PORT CHARLOTTE FL 33949	10. If changed, new Registered Agent/Office Name 700002441977-5 -02/27/98--01002--001 Street Address (P.O. Box Number Is Not Acceptable) ***141.25 ***141.25 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 _____

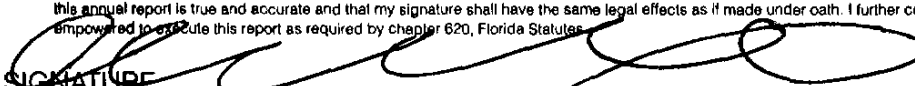
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SILBERMAN, EDWARD B.	1421 EAST WAYZATA BLV	WAYZATA MN 55391	
SHERMAN, GEORGE E.	1421 EAST WAYZATA BLV	WAYZATA MN 55391	
BOOSALIS, NICK T.	1421 EAST WAYZATA BLV	WAYZATA MN 55391	
CONIARIS, PAUL A.	1421 EAST WAYZATA BLV	WAYZATA MN 55391	

52.30 88.75 dec

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 2/5/98

Typed or Printed Name of General Partner Signing Form Edward B. Silberman Daytime Telephone Number 612 375-1064

CR2E003 (12/97)