

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 OCT 14 AM 10:50



1. Name of Limited Partnership	1a. DOCUMENT # A21557
COLONIAL VILLAGE SHOPPING CENTER, LTD.	

Mailing Address 4601 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES FL 33146	Principal Office Address 4601 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES FL 33146	3. Date Formed or Registered 12/18/1985	5a. Capital Contributions as Shown on record. \$424,020.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/18/1996	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 59-2660299	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	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 BERRIN, ROBERT G. 4601 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES FL 33146	10. If changed, now Registered Agent/Office Name 200002322012--0 Street Address (P.O. Box Number is Not Acceptable) 10/16/97--01065--020 Suite, Apt. #, etc. ****541.25 ****541.25 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
BERRIN, ROBERT G.	4601 PONCE DE LEON BL	CORAL GABLES FL 33146	
SEPLER, RICHARD M.	2997 DAY AVENUE	MIAMI FL 33133	
BERRIN, RAY	5880 S. DIXIE HIGHWAY	SOUTH MIAMI FL 33143	

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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 DATE **Sept 24, 1997**

Typed or Printed Name of General Partner Signing Form: **ROBERT G. BERRIN** Daytime Telephone Number: **(305) 663-6633**

CR2E003 (6/97)