

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

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 NOV -5 PM 3: 38

1. Name of Limited Partnership

1a. DOCUMENT #
A21557

COLONIAL VILLAGE SHOPPING CENTER, LTD.



Mailing Address		Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
4601 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES FL 33146		4601 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES FL 33146		12/18/1985	\$424,020.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/14/1997	
City & State		City & State		4. State or Country of Formation	
Zip Country		Zip Country		FL	
				6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
				59-2660299	
				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	10. If changed, new Registered Agent/Office
BERRIN, ROBERT G. 4601 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES FL 33146	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
	400002682654--1 -11/08/98-01005-019 ***526.25 ***526.25 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)	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.	2907 DAY AVENUE	MIAMI FL 33133	
BERRIN, RAY	5880 S. DIXIE HIGHWAY	SOUTH MIAMI FL 33143	

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 **Robert G. Berrin**

DATE 9/8/98
Daytime Telephone Number (305) 663-6633

CR2E003 (8/98)