## 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

Sandrii B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

City & State  7. Certificate of Status Desired \$8.75	
BUENAVENTURA LAKES SHOPPING CENTER, LTD.  Mailing Address Principal Office Address Principal Office Address Principal Office Address Stown on record S50 BILTMORE WAY #1110 CORAL GABLES FL 33134 CORAL GABLES FL 33134 CORAL GABLES FL 33134  2a. Principal Office Address FL Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State City & State T. Certificate of Status Desired S8.75 Fee R 8. Make check payable to. Dept of State (See reverse side for family applied to the state of State (See reverse side	
S50 BILTMORE WAY #1110 CORAL GABLES FL 33134  Sa. Date of Last Report  11/24/1997  4. State or Country of Formation FL  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Country  Country  Country  Sa. Date of Last Report  11/24/1997  4. State or Country of Formation FL  Suite, Apt. #, etc.  6. FEI Number  59-2757978  Not Applie  7. Certificate of Status Desired  \$8.75 Fee R  8. Make check payable to: Dept. of State (See reverse side for factors)  9. Name and Address of Current Registered Agent  Name  Coral Gables FL 33134  Sa. Date of Last Report  10. If changed, new Registered Agent/Office	
2. Mailing Address  2a. Principal Office Address  FL  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Tourificate of Status Desired  8. Make check payable to: Dept. of State (See reverse side for fine and Address of Current Registered Agent)  PAPPLIE  Tourificate of Status Desired  State (See reverse side for fine and Address of Current Registered Agent)  Name  Between ECKS Hindeletes	00
City & State  59-2757978  7. Certificate of Status Desired \$8.75 Fee R  8. Make check payable to: Dept. of State (See reverse side for final state)  9. Name and Address of Current Registered Agent  Name  BLINATO ECKSHIN	LORIDA
2ip Country Zip Country Registered Agent State (See reverse side for for state (See reverse si	ed For opticable
BAKER FRANKS.  Name Bernard Eckstein	Additional lequired fee information)
SUITE 1110  CORAL GABLES FL 33134  **COYAL GAB	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS I MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.	ENTITY
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. Regist Document  11b. City. State & Zip Code  11c. Regist Document  11b. City. State & Zip Code  11c. Regist Document  11c. Regist Document  11d. Corp. State & Zip Code  11c. Regist Document  11d. City. State & Zip Code  11c. Regist Document  11d. City. State & Zip Code  11c. Regist Document  11d. City. State & Zip Code  11c. Regist Document  11d. City. State & Zip Code  11c. Regist Document  11d. City. State & Zip Code  11c. Regist Document  11d. City. State & Zip Code  11c. Regist Document  11d. City. State & Zip Code  11c. Regist Document  11d. City. State & Zip Code  11c. Regist Document  11d. City. State & Zip Code  11c. Regist Document  11d. City. State & Zip Code  11d. Regist Document  11d. City. State & Zip Code  11d. Regist Document  11d. City. State & Zip Code  11d. Regist Document  11d. City. State & Zip Code  11d. Regist Document  11d. City. State & Zip Code  11d. Regist Document  11d. City. State & Zip Code  11d. Regist Document  11d. City. State & Zip Code  11d. Regist Document  11d. Regist D	tration/ it Number
100002772861- -02/11/9901055 ****14).25 ****1	~~ <b>6</b> .   001
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partners may lability of non-compliance 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 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 this annual report is the and accurate and the properties and have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, recempowered to execute this report at popularity of changes 620. Florida Statutes.	on of indicated on

SIGNATURE DIW CANSUM

Typed or Printed Name of General Pariner Signing Form BUNNAYO ECKSKIN