

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

08 OCT -6 PM 1:42

CLERK OF THE CLERK OF THE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A23021

BERMUDA AVENUE SHOPPING CENTER ASSOCIATES, L.P.,
LIMITED PARTNERSHIP

99-AR



Mailing Address % N.Y. URBAN WEST INC. P.O. BOX 296 CONVENT STATION NJ 07961-0296		Principal Office Address % N.Y. URBAN WEST INC. P.O. BOX 296 CONVENT STATION NJ 07961-0296		3. Date Formed or Registered 08/08/1986		5a. Capital Contributions as Shown on record. \$1.00	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 09/08/1997		5b. Amount of Capital Contributions in FLORIDA to date: \$1.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation NJ		6. FEI Number 22-2769021 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		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) 141.25	
Zip Country		Zip Country					

9. Name and Address of Current Registered Agent

GOODWIN, LINDA
931 W OAK ST
SUITE 100
KISSIMMEE FL 34741

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SOUTH STREET FINANCIAL CORP.	16 SOUTH JEFFERSON RD	WHIPPANY NJ	P37264
7000002659807-1 -10/08/98--01102--016 ****141.25 ****141.25			

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

10/2/98

Typed or Printed Name of General Partner Signing Form

A. J. HAYNES

Ordinary Telephone Number

(923) 515-0730

CR2E003 (8/98)