

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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

98 APR 16 AM 10:44



1. Name of Limited Partnership	1a. DOCUMENT # A26313
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SCHONINGER SHOPPING CENTERS, LTD.

Mailing Address 5821 HOLLYWOOD BLVD. SUITE 202 MIAMI FL 33021		Principal Office Address 5821 HOLLYWOOD BLVD. SUITE 202 MIAMI FL 33021		3. Date Formed or Registered 04/20/1988	5a. Capital Contributions as Shown on record. \$24,307,444.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 11/22/1996	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 59-2375352	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 GABLE, MICHAEL P 4000 HOLLYWOOD BLVD SUITE 485 SOUTH HOLLYWOOD FL 33021-6744	10. If changed, new Registered Agent/Office Name STEWART MARCUS Street Address (P.O. Box Number Is Not Acceptable) 3225 AVIATION AVENUE ST#700 Suite, / City MIAMI, FLORIDA FL Zip Code 33133
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10a. Pursuant to 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 aware with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *Stewart Marcus* DATE

**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) SCHONINGER MGMT. CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11755 BISCAYNE BLVD #	11b. City, State & Zip Code N. MIAMI FL	11c. Registration/Document Number G69160
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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 or 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 *Stewart Marcus, Sec.* DATE **3/6/98**

CR2E003 (12/97)