FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

SNAPPER CREEK SHOPPING CENTER LTD.



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A26335

FILLO SECRETARY OF STATE OF CORPORATIONS

01 R 0 27 M 0: 28



ning Address 1550 Madruga Ave. Suite 230 Coral Gables Fl 33146	Principal Office Address 1550 MADRUGA AVE. SUITE 230 CORAL GABLES FL 33146		3. Date Formed or Registered 04/27/1988 3a. Date of Last Report 12/28/1995	5a. Capital Contributions as Shown on record \$7,319,062-01
. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in Ft ORIDA to date
uite, Apt. #, etc.	Suite, Apt #, etc.	, and the second		[] Austral Fra
ity & State	City & State	City & State		Applied For Not Applicable
p Country	Zip	Country	7. Conficate of Status Desired 8. Make check payatife to Dept	\$8,75 Additional Fee Required of State (See reverse side for fee informa-
9 Name and Address of Curr	ent Registered Agent		10. If changed, new Register	ed Agent/Office
SNAPPER CREEK, INC. 1550 MADRUGA AVE. SUITE 230 CORAL GABLES FL 33146 10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		FL
for the purpose of changing its registered office agent. I am familiar with, and accept the obligat	or registered agent, or both, in the State of			
A GENERAL PARTNER THA			ARTNERSHIP OR OTH	ER BUSINESS ENTIT
GNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA MU 1. Name(s) of General Partner(s)	T IS A CORPORATION	AND ACTIVE	ARTNERSHIP OR OTH	

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. The ease 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 evenipt from public access. I further certify that the information and caree on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. 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. But da Statutes

SIGNATURE _ -

Typed or Printed Name of General Pagner Signing Form

Saul Stein

DATE: 12/12/96

Daytime Telephone Number . (305) 667-6461