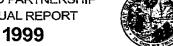
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A26983**

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

			_}		
GARDEN SOUTH 535, LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
3330 GLENCAIRN COURT SUITE 201 BONITA SPRINGS FL 34134	3330 GLENCAIRN COURT SUITE 201 BONITA SPRINGS FL 34134		08/31/1988 3a. Date of Last Report 01/29/1998	\$1,019,590.00	
2. Mailing Address	2a. Principal Office Address	,	4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA Code 17, 117, 019.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		7. Certificate of Status Desired	Not Applicable \$8.75 Addition Fee Required	
Zip Country	Zip	Zlp Country		Fee Required lake check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current R	10. If changed, new Registered Agent/Office (FAL) (85)				
RIHS, DOMINIQUE C 5131 SUNBURY COURT NAPLES FL 34104		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. -U1/13/99U1/74U1/2 *****526-25 City FL Street Address (P.O. Box Number is Not Acceptable) *****526-25 *****526-25			<u>6</u>
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 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		City, State & Zip Code	11c. Registration/	,
HOFMANN, VOLKER RIMBACH, THOMAS	KONIGINSTR 25 HERMANN-GMEINER-WEG		39 MUNICH GERMANY 29 MUNICH, GERMANY		CR2E003 (8/98)
			da	-	
Note: General partners MAY NOT					er.
1 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-exemption stated in 19.07(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 of required by chapter 620, Florida Statutes.					
SIGNATURE UN HOW. 27, 1998					
Typed or Printed Name of General Partner Signing Form THO NAS RINBACH Daytime Telephone Number (941) 947 3217					