

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO 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

97 OCT -6 AM 9:13

1. Name of Limited Partnership

1a. DOCUMENT #  
**A27365**



**SOUTH FLORIDA RETAIL FINANCE LIMITED PARTNERSHIP**

Mailing Address

2001 ROSS AVENUE  
SUITE 3500  
DALLAS TX 75201  
US

Principal Office Address

2001 ROSS AVENUE  
SUITE 3500  
DALLAS TX 75201  
US

3. Date Formed or Registered

11/14/1988

5a. Capital Contributions as Shown on record.

**\$99.00**

3a. Date of Last Report

09/24/1996

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. State or Country of Formation

TX

6. FEI Number

75-2213143

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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)

S FLA RETAIL DIV. #1, INC

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

6400 CONGRESS AVENUE

11b. City, State & Zip Code

BOCA RATON FL

11c. Registration/Document Number

P14522

800002316578--2  
-10/09/97--01107--013  
\*\*\*\*156.25 \*\*\*\*156.25

**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

*[Signature]*

DATE

9/8/97

South Florida Retail Division #1 Inc, VP

214/863-4000

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)