FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



BLOOMINGDALE 301 LIMITED PARTNERSHIP

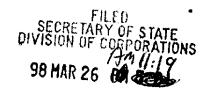
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT# A27531





Mailing Address 501 E. KENNEDY BLVD SUITE 1700 TAMPA FL 33602	Principal Office Address 501 E. KENNEDY BLYD SUITE 1700 TAMPA FL 33602		3. Date Formed or Registered 12/13/1988 3a. Date of Last Report 04/04/1997	5a. Capital Contributions as Shown on record. \$311,913.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date: \$311,913.00	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		98-0104104 7. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required	
Zip Country	Zip Country		8. Make check payable to: Dept. o	Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee Information)	
9. Name and Address of Current Registered Agent			10. If changed, new Register	ed Agent/Office	
HUMPHRIES, J. BOB FOWLER WHITE GILLEN BOGGS VILLAREAL BANKER 501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33802		Name Street Address (P.O. Box Number 15-Not Accepted 19 2 4 15 3 5 2 - 10 - 04 / 02 / 93 01 06 9 01 2			
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 (Do NOT Use Post Office Bo	Dortoos	11b. City, State & Zip Code	11c. Registration/ Document Number	
BLOOMINGDALE PROPERTY GENPAR	501 E. KENNEDY BLVD.		TAMPA FL MX 3/26/9	SECRETARY OF STATE STORE OF CORPORATION OF CORPORAT	
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 supplies with this filing is volunterly furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-peripher with Section 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 access 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 trusted empowered to execute this report as required by chanter 620. Florida Statutes. BLOOM INCOME. TO CANADA, INC., GENERAL PARTNERSHIP BY: 163767 CANADA, INC., GENERAL PARTNER DATE 3/25/98					

BY: J. BOB HUMPHRIES, Asst. SEc.

Typed or Printed Name of General Partner Signing Form _____

813.222.1173

Daytime Telephone Number