


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	
1. Name of Limited Partnership PALMS CORRIDOR, LTD.		1a. DOCUMENT # A28585	
Mailing Address 12854 N DALE MABRY HWY % RELIANT PROPERTY MGT. CORP. TAMPA FL 33618		Principal Office Address 12854 N DALE MABRY HWY % RELIANT PROPERTY MGT. CORP. TAMPA FL 33618	
2. Mailing Address Suite, Apt. #, etc. 11015 N. DALE Mabry Hwy City & State TAMPA FL Zip 33618 Country		2a. Principal Office Address Suite, Apt. #, etc. 11015 N. DALE Mabry Hwy City & State TAMPA FL Country	
3. Date Formed or Registered 07/03/1989		5a. Capital Contributions as Shown on record. \$640,000.00	
3a. Date of Last Report 12/26/1996		5b. Amount of Capital Contributions in FL OHIDA to date: 640,000.00	
4. State or Country of Formation FL		6. FEI Number 59-2975719 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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)	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 31 PM 12:32



9/1/13

9. Name and Address of Current Registered Agent PHILLIPS, GEORGE W. 8001 NORTH DALE MABRY SUITE 401A TAMPA FL 33614		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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) MP OF TAMPA, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 12854 N DALE MABRY HW 11015	11b. City, State & Zip Code TAMPA FL	11c. Registration/ Document Number S16911
7000002400057-- 5 -01/14/98-01080-025 ****541.25 ****541.25			

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

Typed or Printed Name of General Partner Signing Form

DATE

Daytime Telephone Number

12/30/97

813 269-0899

CR2E003 (6/97)