

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN -3 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

72-13

1. Name of Limited Partnership

1a. DOCUMENT #
A29437

WINDWARD MALL SHOPPING CENTER, A CALIFORNIA LIMITED PARTNERSHIP



Mailing Address

100 LAKESHORE DRIVE
SUITE 952
NORTH PALM BEACH FL 33408

Principal Office Address

601 CALIFORNIA STREET, SUITE 900
SAN FRANCISCO CA 94108

3. Date Formed or Registered

12/27/1989

5a. Capital Contributions as
Shown on record.

\$300,000.00

3a. Date of Last Report

12/04/1995

5b. Amount of Capital
Contributions in FL ORIDA
to date:

\$ 300,000.00

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

CA

6. FEI Number

91-1088222

☐ 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

CORBITT, CHARLES W.
100 LAKESHORE DRIVE
SUITE 952
NORTH PALM BEACH FL 33408

10. If changed, now 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)

WINDWARD MALL, INC.

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

601 CALIFORNIA ST., #

11b. City, State & Zip Code

SAN FRANCISCO CA 9410

11c. Registration/
Document Number

F83000001919

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******576.25 ****576.25**

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

WINDWARD MALL, INC.

Typed or Printed Name of General Partner Signing Form

DATE

12/30/96

Daytime Telephone Number

561 622 6475

CP2E003 (5/96)