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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC - 7 AM 9: 56

1. Name of Limited Partnership	1a. DOCUM <b>A29437</b>	/IENT#		30 000	7 AIT 54 30	
WINDWARD MALL SHOPPIN LIMITED PARTNERSHIP	NG CENTER, A CALIFO	RNIA				
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	7
100 LAKESHORE DRIVE SUITE 952 NORTH PALM BEACH FL 33408	220 MONTGOMERY ST., STE. 16 SAN FRANCISCO CA 94104	220 MONTGOMERY ST., STE. 1028 SAN FRANCISCO CA 94104			\$300,000.00  5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address			\$ 300,000.00	٥
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 91-1088222	Applied For Not Applicable	-
City & State	City & State			7. Certificate of Status Desired	\$8.75 Additional Fee Required	$\dashv$
Zip Country	Zip	Country		8. Make check payable to: Dept. of 5	State (See reverse side for fee information	n)
9 Name and Address of Ci	urrent Registered Agent	··-		10. If changed, new Registered	Agent/Office	$\dashv$
<del> </del>		Name				$\dashv$
CORBITT, CHARLES W. 100 LAKESHORE DRIVE		Street Add	Street Address (P.O. Box Number Is Not Acceptable)			
SUITE 952		Suite, Apt. #, etc.				$\dashv$
NORTH PALM BEACH FL 33408		City FI Zip Code				
for the purpose of changing its registered office agent. I am famillar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH	ot)	orida. Such chan	pge was auth	orized by its general partner(s). I hereby	accept the appointment of registered	_
11. Name(s) of General Partner(s)	11a. Address of Each Gens (Do NOT Use Post Office	eral Partner	11b.	City, State & Zip Code	11c. Registration/ Document Number	$\neg$
WINDWARD MALL, INC.	220 MONTGOMERY ST.		SAI	N FRANCISCO CA 9410 94104 600027 -12/11/9 *****52		CRZE003 (8/98)
Note: General partners MAY N  12. I do hereby certify that the Information supplied Corporations from any liability of non-complianc this annual report is true and aparente and that empowered to execute this facult as required by SIGNATURE	with this filing is voluntarily furnished and does rewith Section 119.07(3)(k) in the event that the	not qualify for the	exemption :	stated in Section 119.07(3)(k), Florida S	tatutes. I release the Division of certify that the information indicated on	7
Typed or Printed Name of General Partner Signing For	CHARLES W. C	6 REST	7	Daytime Telephone Number	1 1 4	_