

**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 Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 OCT 14 AM 10:58	
1. Name of Limited Partnership GARDEN SQUARE SHOPPES, LTD.		1a. DOCUMENT # A29762			
Mailing Address 4500 PGA BLVD STE 400 PALM BEACH GARDENS FL 33418		Principal Office Address 4500 PGA BLVD STE 400 PALM BEACH GARDENS FL 33418		3. Date Formed or Registered 03/08/1990 3a. Date of Last Report 09/22/1995 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record \$9,158,900.00 5b. Amount of Capital Contributions in FLORIDA to date ☐ 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)	
6. FEI Number 65-0192679					

9. Name and Address of Current Registered Agent DIVOSTA, OTTO B 4500 PGA BLVD STE 400 PALM BEACH GARDENS FL 33418	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 _____

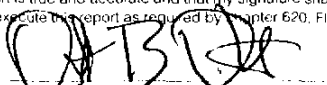
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) DIVOSTA LAND COMPANY GARDEN SQ. SHOPPES, INC. (N/C ONLY)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4500 PGA BLVD STE 400	11b. City, State & Zip Code PALM BCH GARDENS FL	11c. Registration/Document Number L54778
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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  **P.** **Otto B. DiVosta, President** DATE **10/10/96**
 Typed or Printed Name of General Partner Signing Form **DiVosta Land Company** Daytime Telephone Number **(561) 627-2112**

CR2E003 (6/96)