

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

FILED

97 OCT 31 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

1. Name of Limited Partnership SUN PLAZA LTD OF DELAWARE	1a. DOCUMENT # A29851
--	--



2. Mailing Address

1100 SUPERIOR AVENUE
CLEVELAND OH 44114

2a. Principal Office Address

1100 SUPERIOR AVENUE
CLEVELAND OH 44114

3. Date Formed or Registered
03/21/1990

5a. Capital Contributions as Shown on record.

\$0.00

3a. Date of Last Report
12/02/1996

5b. Amount of Capital Contributions in FLORIDA to date.

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
DE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number
34-1435540 Applied For Not Applicable

City & State

City & State

7. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

JOHNSON, CARLTON M JR.
316 S. BAYLEN STREET
SUITE 600
PENSACOLA FL 32501

10. If changed, new Registered Agent/Office

Name: STEVEN W. BOWDEN, ESQ
 Street Address (P.O. Box Number Is Not Acceptable): 4502 TWIN OAKS DR
 Suite, Apt. #, etc.:
 City: PENSACOLA State: FL Zip Code: 32506

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) [Signature] DATE 10/28/97

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 Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
PREIMER, J. GORDON	1100 SUPERIOR AVENUE	CLEVELAND OH	
WEST, WILLIAM N	1100 SUPERIOR AVENUE	CLEVELAND OH	
KELL, LAWRENCE A	1100 SUPERIOR AVENUE	CLEVELAND OH	400002339414--7 -11/05/97--01098--007 ***156.25 ****156.25
OSTENDORF-MORRIS PROPER.	1100 SUPERIOR AVENUE	CLEVELAND OH	P07324

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 Lawrence A. Kell DATE 10/24/97
 Typed or Printed Name of General Partner Signing Form LAWRENCE A. KELL Daytime Telephone Number 216 861 7200

CR2E003 (6/97)