

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

FILED

98 DEC -9 PM 4:16

SECRET
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A31042
FLORIDA SHOPPING CENTER MANAGEMENT, LTD.	



Mailing Address 3850 HOLLYWOOD BLVD SUITE 400 HOLLYWOOD FL 33021	Principal Office Address 3850 HOLLYWOOD BLVD SUITE 400 HOLLYWOOD FL 33021	3. Date Formed or Registered 01/04/1991	5a. Capital Contributions as Shown on record. \$25,000,000.00
		3a. Date of Last Report 12/22/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$25,000,000.00
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 65-0233568	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CORNFELD, ROBERT M. 3050 HOLLYWOOD BLVD. SUITE 400 HOLLYWOOD FL 33021	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.**

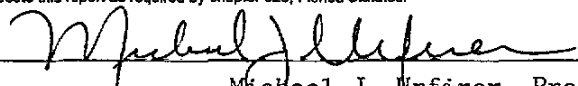
11. Name(s) of General Partner(s) CAMBRIDGE ASSET MGMT, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3850 HOLLYWOOD BL, #400	11b. City, State & Zip Code HOLLYWOOD FL	11c. Registration/ Document Number S21712
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Note: General 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



DATE

12/1/98

Typed or Printed Name of General Partner, Signing Form

Michael J. Urfirer, President of

Daytime Telephone Number (954) 989-2200

Cambridge Asset Mgmt, Inc

CR2E003 (8/98)