


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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortman Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 16 AM 8:41	
1. Name of Limited Partnership		1a. DOCUMENT # A93000001381			
SPENCER SHOPPING CENTER PARTNERSHIP, LTD.					
Mailing Address 5014 SAN MIGUEL TAMPA FL 33629		Principal Office Address 5014 SAN MIGUEL TAMPA FL 33629		3. Date Formed or Registered 12/17/1993	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/29/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-3214378 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$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			10. If changed, new Registered Agent/Office		
SPENCER, BARRETT 8931 NORTH FLORIDA AVENUE TAMPA FL 33629			Name BARRETT SPENCER		
			Street Address (P.O. Box Number Is Not Acceptable) 5014 2203 N LOIS		
			Suite, Apt. #, etc. SUITE 704		
			City TAMPA FL Zip Code 33607		
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) <i>Sandra B. Mortman</i> DATE 12/31/97					
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	
STREGA REALTY LTD., INC.		5014 SAN MIGUEL		TAMPA FL 33629	
1				Registration/ Document Number	
				S53507	
				600002492596--2 -04/17/98--01093--001 ****141.25 ****141.25 <i>4-14</i>	
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 <i>Sandra B. Mortman</i> DATE 12/31/97					
Typed or Printed Name of General Partner Signing Form BARRETT SPENCER Daytime Telephone Number					

CR2E003 (6/97)