

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership PIERS SHOPPING CENTER LIMITED PARTNERSHIP	1a. DOCUMENT # A93000001400
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Mailing Address 4902 EISENHOWER BLVD. SUITE 380 TAMPA FL 33634	Principal Office Address 4902 EISENHOWER BLVD. SUITE 380 TAMPA FL 33634
2. Mailing Address 4350 W. Cypress Suite, Apt. #, etc. Suite 250 City & State Tampa FL Zip 33607 Country USA	2a. Principal Office Address 4350 W. Cypress Suite, Apt. #, etc. Suite 250 City & State Tampa FL Zip 33607 Country USA

3. Date Formed or Registered 12/22/1993	5a. Capital Contributions as Shown on record. \$2,075,100.00
3a. Date of Last Report 11/20/1996	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	
6. FEI Number 65-0456899	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 EURO AMERICAN MANAGEMENT 4902 EISENHOWER BLVD. #380 TAMPA FL 33634	10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 4350 W. Cypress Suite, Apt. #, etc. Suite 250 City Tampa FL Zip Code 33607
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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.

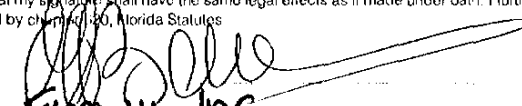
SIGNATURE (Registered Agent Accepting Appointment)  DATE 10/22/97

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) EURO III, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4902 EISENHOWER BLVD. 4350 W Cypress Suite 250	11b. City, State & Zip Code TAMPA FL 33634 33607	11c. Registration/Document Number P93000074306 800002357158--3 -11/25/97--01086--013 ***\$41.25 ***\$41.25
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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 10/22/97
Typed or Printed Name of General Partner Signing Form EURO III, INC. Daytime Telephone Number 813-353-8800

CR2E003 (6/97)