


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. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership GMH/JOHNSON SQUARE, LTD.		1a. DOCUMENT # A95000000401	
Mailing Address C/O SOUTHEAST SHOPPING CENTERS CORP. 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES FL 33143		Principal Office Address C/O SOUTHEAST SHOPPING CENTERS CORP. 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES FL 33143	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 03/15/1995		5a. Capital Contributions as Shown on record. \$90,325.00	
3a. Date of Last Report 01/21/1997		5b. Amount of Capital Contributions in FLORIDA to date: \$90,325.00	
4. State or Country of Formation FL		6. FFI Number <input checked="" type="checkbox"/> OK 65-0638220-	
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)			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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9. Name and Address of Current Registered Agent HIGIER, GERALD M 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES FL 33143		10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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) JOHNSON SQUARE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) C/O 1541 SUNSET DRIVE	11b. City, State & Zip Code CORAL GABLES FL 33143	11c. Registration/Document Number K93930
000002380630-4 -12/23/97-01069-003 ***4185.00 ****541.25			

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

Gerald M. Higier
 JOHNSON SQUARE, INC.

DATE

12/15/97
 (805) 666-2140

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)