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

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

SECON- FILED

1998	Secretary of State DIVISION OF CORPORATIONS 1a. DOCUMENT # A9500000405			DIVISION OF CORPO	STATE RATIONS	inth	
1. Name of Limited Partnorship				97 DEC 18 PM I		12/ ₂₂ .	
GMH/SHENANDOAH SQUARE	, LTD.						
Mailing Address C/O SOUTHEAST SHOPPING CENTERS CORP.	Principal Office Address C/O SOUTHEAST SHOPPING CENTERS CORP.			3. Date Formed or Registered 03/15/1995	5a. Capital Contributions as Shown on record.		
1541 SUNSET DRIVE, SUITE 300 1541 SUNSET DRIVE, SI CORAL GABLES FL 33143 CORAL GABLES FL 3314		UITE 300		3a. Date of Last Report 01/21/1997	\$363,012.00 5b. Amount of Capital Contributions in H OHIDA to date # 363,012.00		
2. Mailing Address	28, Principal Office Address			State or Country of Formation FL			
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			65-0638300	Applied For Not Applicable		
Zip Country	Zip Country			Certificate of Status Desired Make check payable to: Dept. of	\$8.75 Additional Fee Required State (See reverse side for fee Information)		
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office Name				
HIGIER, GERALD M 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES FL 33157	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 at for the purpose of changing its registered office o agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment).	rrogistered agent, or both, in the State of FI				he State of Floring		
A GENERAL PARTNER THAT	IS A CORPORATION, T BE REGISTERED AN	LIMITED F	PARTN E WITH	ERSHIP OR OTHE THIS OFFICE.	R BUSIN	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office B	ral Partner Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
GMH/SHENANDOAH SQUARE, INC.	C/O 1541 SUNSET DRIVE		CORAL GABLES FL 33143		P95000020990		
					797010	:212 069003 ****\$41.25	
Note: General partners MAY NO	Γ be changed on this for	m; an amer	ndment	must be filed to ch	ange a ge	eneral partner.	
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance with this annual report is true and accurate and that my sempowered to expose the report as required by charge	h Section 119.07(3)(k) in the event that the ignature shall have the same logal effects a	information supplie	d is deemed	l exempt from public access. I furth certify that I am a General Partner c	ner certify that the If the limited par	e information indicated on thorship, receiver or trustee	
SIGNATURE Typed or Printed Name of General Partner Signing Form	W KU, Hy	qui		DATE ! C	2/15/	197	
Typed or Printed Name of Gorleral Partner Signing Form	MAJONESUNNOPH O	SUNKE , //	M(,	Daytime Telephone Number 🕻	05/666	- 2140	