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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A9500000405

GMH/SHENANDOAH SQUARE, LTD.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



) 46348#1 #8#8 18#8 Q1641 88### B	B.III. B.B.III.	10(t) 00(1) 6(5)(00(3) 01() 1606
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		3. Date Formed or Registered 03/15/1995 3a. Date of Last Report 12/18/1997 4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$363,012.00 5b. Amount of Capital Contributions in FLORIDA to date: 363,013.00	
2. Mailing Address		2a. Principal Office Address		FL.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 65-0638300	Applied For Not Applicable \$8.75 Additional	
City & State		City & State		7. Certificate of Status Desired		
Zip	Country	Zip Country		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			
HIGIER, GERALD M 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES FL 33157			Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.			
		City		FL ZIP Code		
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)	11a. Address of Each General (Do NOT Use Post Office Bo)	Partner 11b	City, State & Zip Code	11c.	Registration/ Document Number
GMH/SHENANDOAH SQUARE, INC. C/O 1541		C/O 1541 SUNSET DRIVE	C	ORAL GABLES FL 33143	P95000020990	
			•	500002750555 -01/21/3901033002 ***4005.00 ****526.3		1098on2
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
12. I do hereby cartify that the information supplied with this filling 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 520, Florida Statutes. SIGNATURE DATE						
GHH/SHIDINDONH SOLARE INC						