## 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 ÓF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A9500000409** 

FILED

99 JAN -4 PM 3: 52

SECRETARY OF STATE

Maling Address  Principal Citics Address  Principal Citics Address  C/O SOUTHEAST SHOPPING CENTERS CORP. 15th SURNET DRIVE. SUITE 300  CORAL GABLES FL 33149  CORAL GABLES FL 33144  CO					SSEE, FLORIDA	
(C)O SCITHEAST SHOPPING CENTERS CORP. 1541 SUNSET DRIVE. SUITE 300 CORAL GABLES FL 33143  2. Mailing Address  2. Mailing Address  3. Suite, Apt. 8, etc.  5. Suite, Apt. 8, etc.  5. Suite, Apt. 8, etc.  6. FE Number  6. FE Number  7. Certificate of Shaba Desired  9. Name and Address of Courtery  2p  Country  2p  Coun						
C/O SOUTHEAST SHOPPING CENTERS CORP. 1541 SUBSET DRIVE. SUITE 300 CORAL GABLES FL 30149  2. Mailing Address  2. Mailing Address  2. Mailing Address  2. Mailing Address  2. Suite, Apt. #, etc.  City & State  City	Mailing Address	Principal Office Address	<del></del>	3. Date Formed or Registered	5a. Capital Contributions as	
2. Mailing Address   2a. Principal Office Address   4, Sate or Country of Formation   5b. Annount of Capital States   5c.   5c	,	1541 SUNSET DRIVE. SUITE 300		<del></del>	}	
2. Mailing Address  2. Principal Office Address  Suite, Apt. #, etc.  Su	CORAL GABLES FL 33143			<u> </u>	5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.    G, FEI Number   G5-0638234   Applied For 65-0638234   Applied For 65-0638	2. Mailing Address	2a. Principal Office Address			990-00	
T. Certificate of Status Desirod   S8.75 Additional S8.75 Additional   S8.75 Additional	Suite, Apt. #, etc.	Suite, Apt. #, etc.				
8, Matro check poyested to: Dept. of State (See revenes side for fee inform  9, Name and Address of Current Registered Agent  10. If changed, new Registered AgentOffice  Name  Name  Name  Seet Address (P.O. Box Number is Not Acceptable)  Seet Address (P.O. Box Number is Not Acceptable)  Sulfa, Apt. 8, etc.  Zip Code  10a. Pursuant to the provisions of sections 620, 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, State (See revenue) and the state of Florida, State (See revenue) partnership, I horsely accept the appointment of register (port of the propose of changing is registered signal, or both, in the State of Florida, State (See revenue) partnership, I horsely accept the appointment of register signal to the provisions of sections 620, 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, State (See revenue) partnership, I horsely accept the appointment of register signal to the provisions of sections 620, 192, Florida Statutes, the above-named limited partnership organized under the laws of the State of Florida, State (See revenue) partnership, I horsely accept the appointment of register signal to the provisionship of sections 120, 192, Florida Statutes, I horsely accept the appointment of register signal to the provisionship organized and the section 120, 192, Florida Statutes, I horsely accept the appointment of register signal to the provisionship organized and the section 120, 192, Florida Statutes, I horsely accept the appointment of register signal and accept the acceptable with the signal is valenteerly furnities and does not Qualify for the acceptable in Section 119,077(9)s, Florida Sta	City & State	City & State			<del></del>	
HIGIER, GERALD M 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES FL 33143  Suite, Apt. 8, etc.  City  FL  Zip Code  The pursuant to the provisions of sections 620, 1051 and 620, 192, Plorida Statutes. The above-named finished partneriffly organized or registered under the laws of the State of Floida, such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Floidas, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, and accept the obligations of section 620, 192, Florida Statutes.  SIGNATURE (Paglistered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTI MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(a) of General Partner(s)  Address of Each General Partner  CORAL GABLES FL 33143  P950000021217  ARRENTIAN ADDRESS ENTINGEN ADDRE	Zip Country	Zip Country		8. Make check payable to: Dept. of S	Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information)	
HIGIER, GERALD M 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES FL 33143  Suito, Apt. 8, etc.  City FL Zip Code  The purpose of changing lia registered agant, or both, in the State of Floidas, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agant, and accept the obligations of section 620,192, Florida Statutes. The above-name timiled partner/filip organized or registered under the taws of the State of Floidas, Such change was authorized by its general partner(s). I hereby accept the appointment of registere agant, i am familiar with, and accept the obligations of section 620,192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTI MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(a) of General Partner(s)  11a. Address of Etch General Partner  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11b. City, State & Zip Code  11c. Registration/  DRAMPHARCO SHOPS, INC.  C/O 1541 SUNSET DRIVE  CORAL GABLES FL 33143  P950000021217  CORAL GABLES FL 33143  P95000021217  CORAL GABLES FL 33143  P95000021217  CORAL GABLES FL 33143  P95000021217  A *****40.05.00 ********************************	9 Name and Address of Current 6	Registered Agent		10 If changed, new Registered	Agent/Office	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code  The propose of champing is registered affect as gant, or both, in the State of Florida, Such change was authorized by its general partner(s). I hereby accept the appointment of 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, and accept the colligations of section 820.192, Florida Statutes.  SIGNATURE (Registrated Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTI MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Sides General Partner  THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTI MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  College of General Partner  11b. City, State & Zip Code  11c. Registration Document Number  CORAL GABLES FL 33143  PO5000021217  *****4005.00 *********************************						
CORAL GABLES FL 33143  Suite, Apt. 8, etc.  City  FL  Zip Code  To City  FL  Zip Code  The State of Florida, Statutes, the above-named limited partneriship organized or registered under the laws of the State of Florida, submits this stater for the purpose of chreningis its epidenteed 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, and accept the adjustment of Point and accept the appointment of Florida. Such change was authorized by its general partner(s).  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIMUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Resid General Partner  11b. City, State & Zip Code  11c. Registration/ Document Number  GMH/MARCO SHOPS, INC.  C/O 1541 SUNSET DRIVE  CORAL GABLES FL 33143  P95000021217  FS. G. S.	·		Street Address (P.O. Box Number Is Not Acceptable)			
10a. Pursuant to the provisions of sections 620, 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this states 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 520,182, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTI MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each Senoral Partner (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration Document Number  11b. City, State & Zip Code  11c. Document Number  11c. Document Number  11d. CORAL GABLES FL 33143  P95000021217  CORPORATION IN The Corporations from any indicate on the filling by voluntarily furnished and does not Qualify for the averageness from any indicate on the filling of mon-completing over its full of Corporations from any indicate over the State in domination supplied in the sound of the information indicate this smutual report is true and accurate and that my signature shall have the same logal affocts as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or to empowered to except on public access. Further certify that the information indicate this smutual report is true and accurate and that my signature shall have the same logal affocts as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or to empowered to except of the formation and calcurate and the information and calcurate a		Suite, Apt. #, etc.		itc.	<del></del>	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partneriship organized or registered under the laws of the State of Florida, submits this statem 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 registere agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registated Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTI MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(a) of General Partner(a)  11a. Qo NOTUSE Foot Office Box Numbers  GMH/MARCO SHOPS, INC.  C/O 1541 SUNSET DRIVE  CORAL GABLES FL 33143  P95000021217  COPAL GABLES FL 33143  P95000021217  COPAL GABLES FL 33143  P95000021217  PS COPAL GABLES FL 33143  PS COPAL GABLES			City	<del></del>	Zip Code	
11. Name(a) of General Partner(c)  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration/ Document Number  11b. City, State & Zip Code  11c. Registration/ Document Number  11c. Registration/ Document Number  11do hereby carefully that the Information supplied with this filling is voluntarily furnished and does not qualify for the axemption 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 exampt from public access. I further certify that the Information indicated this annual report is true and accurate and tinst my signature shall have the same legal affects as if made under cart. I further certify that I am a General Partner of the limited partnership, receiver or to empowered to execuse of the control	A GENERAL PARTNER THAT			ARTNERSHIP OR OTHE	R BUSINESS ENTITY	
GMH/MARCO SHOPS, INC.  C/O 1541 SUNSET DRIVE  CORAL GABLES FL 33143  P95000021217  P95000021217  P1/21/99—D1038—D102  ****4005.00 ******141.  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido 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 Statutus. 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 this annual report is true and accurate and that my signature shall have the same logal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or to empowered to execute this applications of the same logal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or to empowered to execute this applications.  SIGNATURE  DATE / A/A Y/45	<del> </del>	Address of Carlo Orange	I Bartana	<del></del>	11c. Registration/	
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 exampt from public access. I further certify that the information indicated 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 the empowered to execute this raport as required by chapter 620. Profits a Statutes.  SIGNATURE  DATE / 24/24/14*		· •	ł	CORAL GARLES EL 33143	P95000021217	
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)(X), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(X) in the event that the information supplied is deemed exempt from public access. I further certify that the Information indicated 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 to empowered to execute tritistically a supplied by chapter 520. Profits Statutes.  SIGNATURE  DATE  DATE  DATE  DATE				-01/2 ***4	1/99-01038-002 005.00 ****141.25	
12. I do hereby certify 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 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 1 am a General Partner of the limited partnership, receiver or to empowered to execute this apput as required by chapter 620, profits Statutes.  SIGNATURE  DATE  DATE  DATE					141.25	
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 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 to empowered to execute thity-rapht as required by chapter 620, Promba Statutes.  SIGNATURE  DATE  DATE  DATE	Note: General partners MAY NOT	be changed on this form	n; an amer	ndment must be filed to cha	ange a general partner.	
	Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign	Section 119.07(3)(k) in the event that the infactor as in the same legal effects as in	formation supplied	I is deemed exempt from public access. I further	certify that the Information indicated on	
Typed or Printed Name of General Partner Signing Form SHH / MARCO SHOPS / //XX   Daytime Telephone Number	\ 1	Carry. 1x	va u	DATE /	2/24/94	
	Typed or Printed Name of General Partner Signing Form	IHI MARED OHOPS, 1.	vic)	Daytime Telephone Number		