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

a. DOCUMENT # A95000000410

FILED

99 JAN -4 PM 3: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

GMH/PLANTATION PROMENADE, 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 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$556,469.00		
1541 SUNSET DRIVE. SUITE 300 CORAL GABLES FL 33143	1541 SUNSET DRIVE, SUITE 30 CORAL GABLES FL 33143	CORAL GABLES FL 33143			5b. Amount of Capital Contributions in FLORIDA to date:		
2. Malling Address	2a. Principal Office Address				556,469.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 65-0638292	Applied For Not Applicable		
City & State	City & State			7. Certificate of Status Desired	\$8.75 Additional		
Zip Country	Zip	Country		8. Make check payable to: Dept. of	Fee Required Make check payable to: Dept. of State (See reverse side for fee information		
9. Name and Address of Curren		10. If changed, new Registered Agent/Office					
HIGIER, GERALD M 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES FL 33143		Name Street Address (P.O. Box Number is Not Acceptable)					
		Suite, Apt. #, etc. City Zip Code					
for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS	is of section 620.192, Florida Statutes.	, LIMITEC	PART	DATE			
11. Name(s) of General Partner(s)	Address of Each Gen			11b. City, State & Zip Code		11c. Registration/ Document Number	
GMH/PLANTATION PROMENADE, IN 1541 SUNSET DRIVE, SU			CORAL GABLES FL 33143		P95000021231		
				1 00002 -01/21 ***40	750! /93-0 05.00	5113 1098-002 ****\$26,25	
						526.25	
Note: General partners MAY NO	L be changed on this fo	rm; an am	endme	ent must be filed to ch	ange a g	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 execute this proof. a required by the SIGNATURE	h Section 119.07(3)(k) in the event that the ignature shall have the same legal effects a	information supp	deem si beik	ed exempt from public access. I further	certify that the	information indicated on	
Typed or Printed Name of General Partner Signing Form	MA PLANTATION PROM	BURDE	INC	Daytime Telephone Number	_ 	-	