

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000411

1. Entity Name

GMH/GARDEN SHOPS AT BOCA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business
C/O SOUTHEAST SHOPPING CENTERS CORP.
1541 SUNSET DRIVE, SUITE 300
CORAL GABLES FL 33143

Mailing Address
C/O SOUTHEAST SHOPPING CENTERS CORP.
1541 SUNSET DRIVE, SUITE 300
CORAL GABLES FL 33143-5777



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0638219 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| HIGIER, GERALD M 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES FL 33143 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |
| | | | | City | | FL | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$648,716.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| | | | | | | | |
|---------------------------------|--------------------------------|-----------------|--|--------------------------|--|--|--|
| 12. GENERAL PARTNER INFORMATION | | | | 13. ADDRESS CHANGES ONLY | | | |
| DOCUMENT # | P95000021233 | STREET ADDRESS | | 526.25 | | | |
| NAME | GMH/GARDEN SHOPS AT BOCA, INC. | CITY - ST - ZIP | | | | | |
| STREET ADDRESS | 1541 SUNSET DRIVE, SUITE 300 | | | | | | |
| CITY - ST - ZIP | CORAL GABLES FL 33143 | | | | | | |
| DOCUMENT # | | STREET ADDRESS | | 688003260746--1 | | | |
| NAME | | CITY - ST - ZIP | | -05/19/00--01138--002 | | | |
| STREET ADDRESS | | | | ***4287.50 ***526.25 | | | |
| CITY - ST - ZIP | | | | | | | |
| DOCUMENT # | | STREET ADDRESS | | | | | |
| NAME | | CITY - ST - ZIP | | | | | |
| STREET ADDRESS | | | | | | | |
| CITY - ST - ZIP | | | | | | | |
| DOCUMENT # | | STREET ADDRESS | | | | | |
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| CITY - ST - ZIP | | | | | | | |
| DOCUMENT # | | STREET ADDRESS | | | | | |
| NAME | | CITY - ST - ZIP | | | | | |
| STREET ADDRESS | | | | | | | |
| CITY - ST - ZIP | | | | | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *GERALD M. HIGIER* 4/24/2000 305-666-2140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

(6/5/00) 300: CR