

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

04 APR 20 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A95000000411**

1. Entity Name  
**GMH/GARDEN SHOPS AT BOCA, LTD.**



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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**65-0638219**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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)

**300035556763  
05/06/04--01019--015 \*\*676.25**

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

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

10. Amount of Capital Contributions in FLORIDA to date.

**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**  
NAME **GMH/GARDEN SHOPS AT BOCA, INC.**  
STREET ADDRESS **1541 SUNSET DRIVE, SUITE 300**  
CITY-ST-ZIP **CORAL GABLES, FL 33143**

STREET ADDRESS  
CITY-ST-ZIP

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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.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

*Gerald M. Higier*  
**Gerald M. Higier**  
**3/11/04**  
**(305) 666-2140**