

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 17, 2007 08:00 AM
Secretary of State

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



03262007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0638219

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HIGIER, GERALD M
1541 SUNSET DRIVE, SUITE 300
CORAL GABLES, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

DOCUMENT # P95000021233
NAME GMH/GARDEN SHOPS AT BOCA, INC.
STREET ADDRESS 1541 SUNSET DRIVE, SUITE 300
CITY-ST-ZIP CORAL GABLES, FL 33143

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CITY-ST-ZIP

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IN THIS SPACE**

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04/26/07-80083-020 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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