

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership	1a. DOCUMENT # A95000000412		

GMH/ROYAL PALM, LTD.

Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record
C/O SOUTHEAST SHOPPING CENTERS CORP. 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES FL 33143	C/O SOUTHEAST SHOPPING CENTERS CORP. 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES FL 33143	03/15/1995	\$990.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01/21/1997	\$ 990.00
City & State	City & State	4. State or Country of Formation	6. FEI Number
Zip	Zip	FL	65-0704341
Country	Country	7. Certificate of Status Desired	8. Make check payable to: Dept. of State (See reverse side for fee information)
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	<input type="checkbox"/> \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent	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 FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement 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 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
GMH/ROYAL PALM, INC.	1541 SUNSET DRIVE, SU	CORAL GABLES FL 33143	P95000021238 9000002380679--8 -12/23/97--01068--003 ***4185.00 ***156.25

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 exempt from public access. I further certify that the information indicated on 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 trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE



Typed or Printed Name of General Partner Signing Form

DATE **12/15/97**

Daytime Telephone Number **(305) 666-2140**

CR2E003 (6/97)