

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

FILED

97 DEC 15 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                       |  |                                                                                                                       |                                                                                                           |  |
|---------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--|
| <b>LIMITED PARTNERSHIP<br/>ANNUAL REPORT<br/>1998</b>                                 |  |                                      | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| 1. Name of Limited Partnership                                                        |  | 1a. DOCUMENT #<br><b>A95000001317</b>                                                                                 |                                                                                                           |  |
| <b>MYERLEE SQUARE SHOPPING CENTER, LTD.</b>                                           |  |                                                                                                                       |                                                                                                           |  |
| Mailing Address<br><b>8191 COLLEGE PARKWAY<br/>SUITE #302<br/>FORT MYERS FL 33919</b> |  | Principal Office Address<br><b>8191 COLLEGE PARKWAY<br/>SUITE #302<br/>FORT MYERS FL 33919</b>                        |                                                                                                           |  |
| 2. Mailing Address                                                                    |  | 2a. Principal Office Address                                                                                          |                                                                                                           |  |
| Suite, Apt. #, etc.                                                                   |  | Suite, Apt. #, etc.                                                                                                   |                                                                                                           |  |
| City & State                                                                          |  | City & State                                                                                                          |                                                                                                           |  |
| Zip Country                                                                           |  | Zip Country                                                                                                           |                                                                                                           |  |
|                                                                                       |  | 3. Date Formed or Registered<br><b>09/06/1995</b>                                                                     |                                                                                                           |  |
|                                                                                       |  | 3a. Date of Last Report<br><b>11/19/1996</b>                                                                          |                                                                                                           |  |
|                                                                                       |  | 4. State or Country of Formation<br><b>FL</b>                                                                         |                                                                                                           |  |
|                                                                                       |  | 5a. Capital Contributions as Shown on record<br><b>\$400,000.00</b>                                                   |                                                                                                           |  |
|                                                                                       |  | 5b. Amount of Capital Contributions in FLORIDA to date:                                                               |                                                                                                           |  |
|                                                                                       |  | 6. FEI Number<br><b>65-0606119</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |                                                                                                           |  |
|                                                                                       |  | 7. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                           |                                                                                                           |  |
| 8. Make check payable to: Dept. of State (See reverse side for fee information)       |  |                                                                                                                       |                                                                                                           |  |



12/16

|                                                                                          |  |                                                                                                                 |  |
|------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                                          |  | 10. If changed, new Registered Agent/Office                                                                     |  |
| <b>FREEMAN, PAUL M ESQ.<br/>9100 SOUTH DADELAND BLVD., SUITE 1406<br/>MIAMI FL 33156</b> |  | Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>Suite, Apt. #, etc.<br>City<br><b>FL</b> 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 |
| <b>PARAGON DEVELOPMENT GROUP, I</b> | <b>4020 EVANS AVENUE</b>                                                  | <b>FORT MYERS FL 33156</b>  | <b>L54746</b>                     |

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CR2E003 (6/97)

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

DATE 12/9/97

Typed or Printed Name of General Partner Signing Form

Gerard A. McHale, Jr., Partner

Daytime Telephone Number

941-337-0808