## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

empowered to execute this report as

**SIGNATURE** 



FLORIDA DEPARTMENT OF STATE

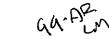
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** A96000000350

BOCKLEDGE MALL ASSOCIATES LTD



ĒII ED S0 00T 16 (2) 7: 55 SECHLIARY OF STATE TALLAHASSEE, FLOMBA

DATE 10/15/98

Daytime Telephone Number (561) 997-6666

NOONLEDGE WALL ACCOUNTE	15, ETD. QA.	F3, 71			
Mailing Address 2500 MILITARY TRAIL, SUITE 200 BOCA RATON FL 33431  2. Mailing Address	Principal Office Address  2500 MILITARY TRAIL. SUITE 200 BOCA RATON FL 33431  2a. Principal Office Address		3. Date Formed or Registered     02/19/1996     3a. Date of Last Report     12/08/1997      4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$10,000.00  5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		FL 6. FEI Number 65-0668814 7. Certificate of Status Desired	\$10,000.00  Applied For Not Applicable  \$8.75 Additional	
Zip Country	Zip Country			\$8.75 Additional Fee Required tate (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
FRICKE, HENRY A ESQUIRE 2500 MILITARY TRAIL, SUITE 200 BOCA RATON FL 33431  10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named		Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc			
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)					
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		b. City, State & Zip Code	11c. Registration/	
ROCKLEDGE PROPERTY MANAGEMEN	2500 MILITARY TRAIL,		BOCA RATON FL 33431	P96000016341	
				1 15	

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

Anthony V. Pugliese, III

Corporations from any liability of per-compliance with Section 119.07(3)(k), in 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 ampowered to execute this report as a decrease and 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 ampowered to execute this report as a decrease and 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 ampowered to execute this report as a decrease and 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