

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
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 JAN 15 PM 4:19

1. Name of Limited Partnership DAVIE SQUARE ASSOCIATES, LTD.	1a. DOCUMENT # A97000000144
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981/21

Mailing Address C/O SOUTHEAST PROPERTY ASSOCIATES, INC. 14830 SOUTH MILITARY TRAIL DELRAY BEACH FL 33484		Principal Office Address C/O SOUTHEAST PROPERTY ASSOCIATES, INC. 14830 SOUTH MILITARY TRAIL DELRAY BEACH FL 33484		3. Date Formed or Registered 01/14/1997	5a. Capital Contributions as Shown on record \$600,000.00
2. Mailing Address Suite, Apt. #, etc.: City & State: Zip: Country:		2a. Principal Office Address Suite, Apt. #, etc.: City & State: Zip: Country:		3a. Date of Last Report 4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: 5,000.00
				6. FEI Number 65-0719318	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
				7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent G.P. DAVIE, INC. C/O SOUTHEAST PROPERTY ASSOCIATES, INC. 14830 SOUTH MILITARY TRAIL DELRAY BEACH FL 33484	10. If changed, new Registered Agent/Office Name: Street Address (P.O. Box Number Is Not Acceptable): Suite, Apt. #, etc.: City: FL Zip Code:
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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) G.P. DAVIE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 14830 SOUTH MILITARY	11b. City, State & Zip Code DELRAY BEACH FL 33484	11c. Registration/Document Number P96000095822
9000002409539--1 -01/22/98--01125--007 ****156.25 ****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 _____

DATE _____

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2E003 (6/97)