

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 J. Norman Secretary, State OFFICE OF CORPORATIONS		FILED 97 DEC 22 AM 10:34 SECRETARY OF STATE TALLAHASSEE FLORIDA B/C 12/22/97	
1. Name of Limited Partnership		1a. DOCUMENT # A97000002725			
HUTCHINSON ISLAND SHOPPES, LTD.					
Mailing Address 735 Colorado Avenue Suite #6 Stuart, FL 34994		Principal Office Address 735 Colorado Avenue Suite #6 Stuart, FL 34994		3. Date Formed or Registered 12/16/97	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report n/a	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation Florida	
City & State		City & State		5a. Capital Contributions as Shown on record \$2,000.00	
Zip		Country		5b. Amount of Capital Contributions in FLORIDA to date: \$2,000.00	
6. FEI Number				<input checked="" type="checkbox"/> Applied For <input 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		10. If changed, new Registered Agent/Office	
RANDY HAISFIELD 735 Colorado Avenue Suite #6 Stuart, FL 34994		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
SE FLORIDA PROPERTIES, INC.	735 Colorado Avenue Suite #6	Stuart, FL 34994	P97000105307 700002384927-9 -12/29/97-01126-003 ****156.25 ****156.25 B/C 12/22/97

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 *Randy Haisfield*
Randy Haisfield, Pres./SE Florida Properties, Inc.

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)