

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 24 AM 11:49

1. Name of Limited Partnership	1a. DOCUMENT # B93000000182
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SHOOSTER INVESTMENT ASSOCIATES OF FLORIDA, LTD.



Mailing Address % SHOOSTER PROPERTIES 555 CITY LINE AVE., SUITE 1170 BALA CYNWYD PA 19004		Principal Office Address % SHOOSTER PROPERTIES 555 CITY LINE AVE., SUITE 1170 BALA CYNWYD PA 19004		3. Date Formed or Registered 04/20/1993	5a. Capital Contributions as Shown on record \$0.00
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 10/17/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$0.00
				4. State or Country of Formation PA	
				6. FEI Number 23-2535226	☐ Applied For ☐ Not Applicable
				7. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)					

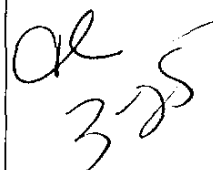
9. Name and Address of Current Registered Agent SHOOSTER, HARRY % FESTIVAL FLEA MARKET, MANAGEMENT OFFICES 2900 W. SAMPLE ROAD POMPANO BEACH FL 32514	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. 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

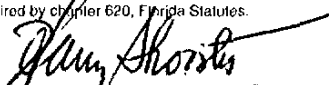
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
SHOOSTER, HARRY	% 555 CITY LINE AVE.,	BALA CYNWYD PA 19004	 900002126049--3 -03/27/97--01086--002 ****158.25 ****158.25

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


HARRY SHOOSTER

DATE

3/21/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(954) 979-4555

CR2E003 (11/96)