

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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 OCT 31 AM 10: 32</p>	
1. Name of Limited Partnership GORDON PROPERTY COMPANY, L.P., LTD.		1a. DOCUMENT # B93000000186			
2. Mailing Address Suite, Apt. #, etc. SUITE 301 City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. SUITE 301 City & State Zip Country		3. Date Formed or Registered 04/28/1993 3a. Date of Last Report 04/07/1997 4. State or Country of Formation MO 6. FEI Number 43-1511295 7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 8. Make check payable to: Dept. of State (See reverse side for fee information)	
5a. Capital Contributions as Shown on record. \$5,000.00		5b. Amount of Capital Contributions in FLORIDA to date: \$8.75 Additional Fee Required			
9. Name and Address of Current Registered Agent GORDON, JAMES N 23123 S. STATE ROAD 7, SUITE 255 BOCA RATON FL 33428		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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) GORDON, JAMES N GORDON, RUTH H		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 23123 S. STATE ROAD 7 SUITE 301 23123 S. STATE ROAD 7 SUITE 301		11b. City, State & Zip Code BOCA RATON FL 33428 BOCA RATON FL 33428	
11c. Registration/Document Number KWM		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)