

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 DEC 31 PM 3: 08</p> 	
1. Name of Limited Partnership GALAHAD NORTH LIMITED PARTNERSHIP		1a. DOCUMENT # B93000000368			
Mailing Address % LEGAL DEPT. 600 E. LAS COLINAS BLVD., SUITE 1800 IRVING TX 75039		Principal Office Address % REAL ESTATE DEPT. 85 BROAD ST., 19TH FLOOR NEW YORK NY 10004		3. Date Formed or Registered 09/07/1993	
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 01/27/1997	
4. State or Country of Formation DE		5a. Capital Contributions as Shown on record. \$10,600,000.00		5b. Amount of Capital Contributions in FLORIDA to date. \$11,069,163	
6. FEI Number 13-3730401		<input 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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301			10. If changed, new Registered Agent/Office 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) NEW GALAHAD NORTH CORP.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 100 CRESCENT COURT, S		11b. City, State & Zip Code DALLAS TX 75201	
(437.50 103.75)		dec		11c. Registration/Document Number F96000003208	
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 <i>Rich Frapart</i>		DATE 12-24-97			
Typed or Printed Name of General Partner Signing Form Richard Frapart, Vice President of General Partner		Daytime Telephone Number 972/831-2200			

CR2E003 (6/97)