FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

B9600000181

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TURNEY DUNHAM PLAZA PARTNERS LIMITED PARTNERSHIP			∞12/24 .			
Maiting Address 5277 STATE ROAD	Principal Office Address 5277 STATE ROAD PARMA OH 44134		3. Date Formed or Registered 05/20/1996		5a. Capital Contributions as Shown on record.	
PARMA OH 44134			3a. Date of Last Report 12/26/1997	\$1,000.00 5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation OH			
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		6. FEI Number 34-1480470	Applied For Not Applicable		
Zip Country	Zip Country		7. Certificate of Status Desired	ū	\$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			
FREDERICK, MARK 737 HIGHWAY 98 DESTIN FL 32541		Name				
		Street Address (P.O. Box Number Is Not Acceptable)				1
		Suite, Apt. #, etc.				
		City FL Zip Code				
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statules, the above-hamed 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			Ì
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. (Do NOT Use Post Office Box	Partner Numbers) 11	b. City, State & Zip Code	11c.	Registration/ Document Number	
Basista, Stanley J	8151 DAVENTREE DRIVE		BRECKSVILLE OH 44141			100/0/
BASISTA, THOMAS M	23503 WINGED FOOD DRI		WESTLAKE OH 44145			DE C
DAVIS, F. GERARD	6730 QUEENS WAY		NORTH ROYALTON OH 441			5
BRENNER, R. CHAD	9255 AMBER WOOD DRIVE		(IRTLAND OF MOST OF COLUMN OF MOST OF COLUMN O			
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Typed or Printed Name of General Partner Signing Form

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 fiting 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.