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 B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 12 PM 2:28

1. Name of Limited Partnership

1a. DOCUMENT # B97000000194

DOLPHIN MALL ASSOCIATES LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
1999 AVENUE OF THE STARS, SUITE 1200 LOS ANGELES CA 90067	1999 AVENUE OF THE STARS, SUITE 1200 LOS ANGELES CA 90067

3. Date Formed or Registered: 04/23/1997

3a. Date of Last Report:

4. State or Country of Formation: DE

5a. Capital Contributions as Shown on record: $100.00

5b. Amount of Capital Contributions in FLORIDA to date: $15,318,283.24 ~~$XXXXXX~~

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. FEI Number: 52-2033087 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired XXX **$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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

800002378968--0
-12/22/97--01055--002
***2300.00 FL ****550.00

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
DOLPHIN MALL GENPAR, INC.	1999 AVENUE OF THE ST	LOS ANGELES CA 90067	F97000002150

CORALPAR
8.75-cus
Validate - 541.25
Cus/ 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.

By: Dolphin Mall Genpar, Inc.

SIGNATURE By: _____ DATE 10-6-97

Typed or Printed Name of General Partner Signing Form Mark M. Hedstrom, Vice President Daytime Telephone Number 954-981-1000

CR2E003 (6/97)