

**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 98 JAN -5 PM 3: 19	
1. Name of Limited Partnership SUN CITY CENTER ASSOCIATES, LTD.(L.P.)		1a. DOCUMENT # A13833			
Mailing Address 200 GALLERIA PARKWAY SUITE 1800 ATLANTA GA 30339		Principal Office Address 200 GALLERIA PARKWAY SUITE 1800 ATLANTA GA 30339		3. Date Formed or Registered 01/12/1983 3a. Date of Last Report 10/28/1996 4. State or Country of Formation GA	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$200.00 5b. Amount of Capital Contributions in FLORIDA to date: 200.00	
6. FEI Number 58-1504072		☐ 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 C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) 008002405450-4 Suite, Apt. #, etc. 01/20/98-01128-011 City Zip Code ***156.25 ***156.25 FL	
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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.

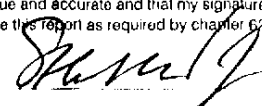
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**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) KELLETT, STILES A. JR. KELLETT, SAMUEL B.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 200 GALLERIA PARKWAY 200 GALLERIA PARKWAY	11b. City, State & Zip Code ATLANTA GA ATLANTA GA	11c. Registration/Document Number CR 1-16
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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 **Dec. 20, 97**

Typed or Printed Name of General Partner Signing Form: **Stiles A. Kellett, Jr.** Daytime Telephone Number: **770/956-7970**

CR2E003 (6/97)