

FILE OR BEFORE APRIL 7, 1999 TO AVOID  
RELOCATION AND PENALTY FEE

**A22578**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999  
*Amendment*



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 MAY 10 PM 2:05

1. Name of Limited Partnership

1a. DOCUMENT #  
**A22578**

**VILLAGE PLAZA PARTNERS, LTD.**



Mailing Address

% KING & SPALDING *Atty: Robt. G. Pennington*  
191 PEACHTREE ST., N.E.  
ATLANTA GA 30303-1763

Principal Office Address

% KING & SPALDING *Atty: Robt. G. Pennington*  
191 PEACHTREE ST., N.E.  
ATLANTA GA 30303-1763

3. Date Formed or Registered

05/20/1986

5a. Capital Contributions as Shown on record.

\$2,562,505.00

3a. Date of Last Report

12/22/1997

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-2676147

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

**BANKS, LILLIAN**  
360 ORION CT.  
MERRITT ISLAND FL 32953

10. If changed, new Registered Agent/Office

Name

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

900002883439--9

Suite, Apt. #, etc.

-05/24/93--01009--022

City

\*\*\*1026.25 \*\*\*1026.25

FL 1/17/98

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

VILLAGE PLAZA INVEST. CO

% 191 PEACHTREE STREE  
*Atty. Robt. G. Pennington*

ATLANTA GA 31303

J42200

**AMENDMENT 1999**

**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 By: *[Signature]*

DATE

5/2/98

Typed or Printed Name of General Partner Signing Form

*Robert G. Pennington, Secretary*

404/572-3369

CR2E003 (12/98)