

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

96 DEC 24 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra Northam Secretary of State DIVISION OF CORPORATIONS
---	---

1. Name of Limited Partnership PENMAN PLAZA ASSOCIATES, LTD.	1a. DOCUMENT # A30743
--	---------------------------------

Mailing Address 300 NORTHCREEK 3715 NORTHSIDE PARKWAY, NW, SUITE 105 ATLANTA GA 30327	Principal Office Address 300 NORTHCREEK 3715 NORTHSIDE PARKWAY, NW, SUITE 105 ATLANTA GA 30327
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 10/26/1990	5a. Capital Contributions as Shown on record \$7,500.00
3a. Date of Last Report 11/06/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$ 7500.00
4. State or Country of Formation FL	
6. FEI Number 58-1920735	☐ 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 LAPRELL, SAMUEL L. 1300 GULF LIFE DRIVE, SUITE 800 JACKSONVILLE FL 32207	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.

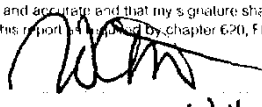
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**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) CONSOLIDATED MED PROP IN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3715 NORTHSIDE PKWY, #	11b. City, State & Zip Code ATLANTA GA	11c. Registration/Document Number P24488
400002046444--8 -01/06/97--01021--014 ****191.25 ****191.25			

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 **10-20-96**
Typed or Printed Name of General Partner Signing Form **William A. McClain III** Daytime Telephone Number **404 261 3271**