

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED

99 MAY 17 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
B97000000362

INTEGRA HOLDINGS, L.P.

Mailing Address

~~TWO MIDTOWN PLAZA, SUITE 1400~~  
~~1960 PEACHTREE STREET~~  
~~ATLANTA, GA 30309~~

Principal Office Address

~~TWO MIDTOWN PLAZA, SUITE 1400~~  
~~1960 PEACHTREE STREET~~  
~~ATLANTA, GA 30309~~

3. Date Formed or Registered

07/22/1997

5a. Capital Contributions as  
Shown on record

\$250,000.00

3a. Date of Last Report

12/04/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date.

4. State or Country of Formation

GA

2. Mailing Address

One Georgia Center - #1200

2a. Principal Office Address

One Georgia Center - #1200

Suite, Apt. #, etc.

600 West Peachtree Street, N.W.

Suite, Apt. #, etc.

600 West Peachtree Street, N.W.

City & State

Atlanta, Georgia

City & State

Atlanta, Georgia

Zip

30308

Country

Fulton

Zip

30308

Country

Fulton

6. FEI Number

65-0754014

☐ 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 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

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

526.25  
800002883138--8

Suite, Apt. #, etc.

05/21/99-01118-001

City

\*\*\*1403.75 \*\*\*526.25

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)

INTEGRA MANAGEMENT, L.L.C.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

~~7900 FISHER ISLAND DR~~  
~~600 West Peachtree St.,~~  
~~N.W., Suite 1200~~  
6 Via Los Incas

11b. City, State & Zip Code

~~FISHER ISLAND FL 33416~~  
~~Atlanta, GA 30308~~  
Palm Beach FL  
33480

11c. Registration/  
Document Number

M37600000432

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.

Integra Funding, Inc. Manager

SIGNATURE By:

J. Lawrence Porter, President

DATE

03/21/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

410/820-0566

CR2E003 (12/98)