

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

FILED
Mar 02 1999 8:00 am
Secretary of State

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

1. Name of Limited Partnership

1a. DOCUMENT #
B98000000453

BLOOMINGDALE ASSOCIATES OF GEORGIA, LIMITED PART
NERSHIP



Mailing Address

3190 NORTHEAST EXPRESSWAY, SUITE 400
ATLANTA GA 30341

Principal Office Address

3343 PEACHTREE ROAD, SUITE 1600
ATLANA GA 30326

3. Date Formed or Registered

07/13/1998

5a. Capital Contributions as
Shown on record

\$15,000.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date

\$ 15,000.00

4. State or Country of Formation

GA

6. FEI Number

58-2402445

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)

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)

HARBOR INVESTMENTS, INC.

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

3190 NORTHEAST EXPRES

11b. City, State & Zip Code

ATLANTA GA 30341

11c. Registration/
Document Number

F98000003957

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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 and 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

Fleming Keefe

DATE

2/15/99

Typed or Printed Name of General Partner Signing Form

HARBOR INVESTMENTS INC
FLEMING KEEFE, PRESIDENT

Daytime Telephone Number

770-455-6053

CR2E003 (12/98)