FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FOM ST. AUGUSTINE LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

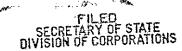
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

1a. DOCUMENT # B98000000420



98 OCT 26 AM 9: 07



Mailing Address	Principal Office Address		3. Date Formed o	3. Date Formed or Registered		5a. Capital Contributions as Shown on record.	
100 PEABODY PLACE. SUITE 1400 MEMPHIS TN 38103	100 PEABODY PLACE. SUITE 1400 MEMPHIS TN 38103		06/26/199 3a. Date of Last I		\$1,000.0Ò		
			4. State or Country	y of Formation	5b. Amo Cont to da	ount of Capital tributions in FLORIDA ate:	
2. Mailing Address	2a. Principal Office Address	TN TN		<u> _ ر</u>) — · ·		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	7334	93	Applied For	
City & State	City & State				1)	Not Applicable \$8.75 Additional	
Zip Country	Zip Country			7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)			
			O. mans shortpa	, , , , , , , , , , , , , , , , , , , ,			
9. Name and Address of Current Registered Agent		Name	10. If changed, new Registered Agent/Office				
C T CORPORATION SYSTEM		Street Address (P.O. Box Number Is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD			O. Box Number is Not Acceptable)				
PLANTATION FL 33324	Suite, Apt. #, etc.		tc.				
			FL Zip Code				
10a. Fursuant 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)							
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 (Do NOT Use Post Office Box	Partner x Numbers)	11b. City, State & Zig	p Code	11c.	Registration/ Document Number	
FOMSA INC.	100 PEABODY PLACE, SU		MEMPHIS TN 38103		F98000003660		
			000	0002E -10/29/3 ****14)	75.8 380: 1.25	3 80 5 1074003 *****141.25	
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 llability 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 signifure 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.							