## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** A10671

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Q

OT PARTNERS, LTD.	04.b	is. W		
Mailing Address 2859 PACES FERRY ROAD SUITE 1400	Principal Office Address  2859 PACES FERRY ROAD SUITE 1400	\$156.25	3. Date Formed or Registered  06/18/1981  38. Date of Last Report	5a. Capital Contributions as Shown on record.
ATLANTA GA 30339	ATLANTA GA 30339	ATLANTA GA 30339		5b. Amount of Capital Contributions in FLORIDA
2. Malling Address	28. Principal Office Address	28. Principal Office Address		to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For
City & State	City & Stato	City & State		☐ Not Applicable
Zip Country	Zip	Zip Country		\$8.75 Additional Fee Required
				8. Make check payable to: Dept. of State (See reverse side for fee information
9. Name and Ad	dress of Current Registered Agent		10. If changed, new Registere	d Agent/Office
THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET STE. 105 TALLAHASSEE FL 32301		Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.		
TALLATMOSEE FL 32301		City		FL Zip Code
for the purpose of changing its re	ions 620.1051 and 620.192, Florida Statutes, the above-n gistered office or registered agent, or both, in the State of ept the obligations of Section 620.192, Florida Statutes			aby accept the appointment of registered
	ER THAT IS A CORPORATION MUST BE REGISTERED A	, LIMITED PA	RTNERSHIP OR OTHE	
11. Name(s) of General Partner(s)	11a. Address of Each Ge	neral Partner o Box Numbers) 111	b. City, State & Zip Code	11c. Registration/ Document Number
CROW-TERWILLIGER INVEST	MENTS 717 NORTH HARWOO	D STR	DALLAS TX 75201	F9300000415
			700002 -10/30 ***2/	233 <b>4487</b> 5 0/8701117004 645.00 ****156.25

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 fiting 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 11907(3)(k) in the event that the information supplied is deemed exempt from public access. If 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 eath. Further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this reprines required by chapter 620\_Florida Statutes

SIGNATURE

Typed or Printed Name of General Partner Signing

DATE 10-22:97

Daytime Telephone Number 770 801-3105