

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 15 AM 10:41

1. Name of Limited Partnership

1a. DOCUMENT #  
**A12269**

**NORTH DALE ASSOCIATES, LTD.**



02/17

Mailing Address

Principal Office Address

C/O COLLIERS CAUBLE & CO.  
1355 PEACHTREE STREET.N.E., SUITE 500  
ATLANTA GA 30309

C/O COLLIERS CAUBLE & CO.  
1355 PEACHTREE STREET.N.E., SUITE 500  
ATLANTA GA 30309

3. Date Formed or Registered

03/19/1982

3a. Date of Last Report

02/14/1997

4. State or Country of Formation

FL

6. FEI Number

58-1476810

☐ 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)

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

LAW, WILLIAM F., JR.  
1355 PEACHTREE STREET  
SUITE 500  
ATLANTA GA 30309

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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

LAW, WILLIAM F., JR.

4044 GLEN DEVON DR., N

ATLANTA GA

000002376980--5  
-12/18/97--01102--014  
\*\*\*\*156.50 \*\*\*\*156.50

**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

William F. Law, Jr.

DATE 12/8/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

404/888-9000

CR2E003 (6/97)