


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 NEWTON WOODS, LTD.		1a. DOCUMENT # A14461	
Mailing Address 7000 CENTRAL PARKWAY SUITE 1500 ATLANTA GA 30328		Principal Office Address 7000 CENTRAL PARKWAY SUITE 1500 ATLANTA GA 30328	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		3. Date Formed or Registered 05/09/1983	
		3a. Date of Last Report 11/15/1996	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. \$950,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date: \$950,000.00	
		6. FEI Number 59-2290672 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 29 AM 8:24



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9. Name and Address of Current Registered Agent GODBOLD, FRANCIS S RAYMOND JAMES & ASSOCIATES, INC. 880 CARILLON PARKWAY ST. PETERSBURG FL 33716		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		FL	

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) NEWTON WOODS G.P., INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7000 CENTRAL PKWY.#15	11b. City, State & Zip Code ATLANTA GA 30328	11c. Registration/ Document Number F93000003474
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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 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

DATE 12/24/97

J. Robert Love

Daytime Telephone Number (770) 551-0007

Typed or Printed Name of General Partner Signing Form

CR2ECC3 (6/97)