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

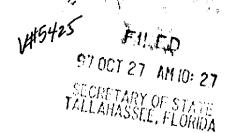
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A14787

CROW OAKS AT BAYMEADOWS ASSOCIATES, LTD. CAR





hd-11:- A -d-1				
Mailing Address 2859 PACES FERRY RD SUITE 1400 ATLANTA GA 30339 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	Principal Office Address 2859 PACES FERRY RD SUITE 1400 ATLANTA GA 30339 28. Principal Office Address Suite, Apt #, etc. City & State	K 1990-3-8	3. Date Formed or Registered 06/28/1983 3a. Date of Last Report 10/29/1996 4. State or Country of Formation FL 6. FEI Number 58-1519678 7. Certificate of Status Desired	\$990.00 \$990.00 5b. Amount of Capital Contributions in FLORIDA to date. 990 — Applied For Not Applicable \$8.75 Additional Fee Required
Zip Country	ε.μ	Codinity	8. Make check payable to: Dept. of	State (See reverse side for fee informa
9. Name and Address of Curr	rent Registered Agent	Name	10. If changed, new Registered	d Agent/Office
SCHERER, BETTINA A. 6400 CONGRESS AVENUE, SUITE 2000 BOCA RATON FL 33487		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Lip Code		
10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligations (Registered Agent Accepting Appointment)	o or registered agent, or both, in the State of Flo tions of paction 620.192, Florida Statutes	rida. Such change was al	uthorized by its general partner(s). I here	aby accept the appointment of register
A GENERAL PARTNER THA	AT IS A CORPOR AT ION, I IST BE REGISTERED AN	LIMITED PAR' ID ACTIVE WI	TNERSHIP OR OTHE TH THIS OFFICE.	R BUSINESS ENTIT
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	·	Cily, Stale & Zip Code	11c. Registration/ Document Number
				
CROW-TERWILLIGER COMPANY	2859 PACES FERRY RD4	¥2 AT	Lanta ga	857587

SIGNATURE -

empowered to execute #

report as required by chapter 620, Florida Statutes.

I do hereby certify that the information supplied with this filling 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 trusted

Daylimo Telephone Number _770 - 801 - 32 05