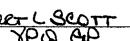
DOCUMENT # A15748 1. Entity Name								,	ny	
PENSACOLA HERITAGE ASSOCIATES, LTD.						FILED	FILED			
Principal Place of Business Mailing Address						FEB 26 PI	4 12: 05°			
1300 Parkwo Atlanta ga :	OOD CIRCLE, STE. 30339	400	1300 PARKWOOD CIRCLE, STE, 400				RETARY OF STATE AHASSEE FLORIDA			
2. Principal P	Place of Business		3. Mailing Address				-			
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Numbe	58-1536719		Applied For Not Applicable	
Zip Country			Zip Country		5. Certificate	of Status Desired		75 Additional Required		
6. Name and Address of Current R			egistered Agent			7. Name and	7. Name and Address of New Registered Agent			
					Name					
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD					Street Addres	Address (P.O. Box Number is Not Acceptable)				
PLANTATIO	ON FL 33324		City				FL	Zip Code		
8. The above	named entity su	bmits this statement for	the purpose of changing its re	eaister	ed office or regis	stered agent, or both	n in the State of Florida	• -		
9. Capital Co	entributions on record.		10. Amount of Capital in FLORIDA to dat HAT IS A BUSINESS ENT	Contri e.	UST BE REG	STERED AND A	11. MAKE CHECK PA SEE REVERSE SI CTIVE WITH THIS OF	DE FOR FE FFICE.	E INFORMATION	
NOTE: General Partners MAY NOT be changed on the form; an amendment 12. GENERAL PARTNER INFORMATION 13.							ADDRESS CHANGES ONLY			
DOCUMENT #	F92000000659		1	EET ADORESS						
STREET ADDRESS CITY-ST-ZIP	1300 PARKWO ATLANTA GA	OOD CIRCLE, STE. 4	О		-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					-ST-ZIP	31	<u>1000375</u> -03/05/01 ****526.	U]Ui	939 04026 ***526.25	
DOCUMENT # NAME			· · · · · · · · · · · · · · · · · · ·	STRE	EET ADDRESS	2	4444440000			
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	•				
DOCUMENT # NAME				STRE	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	_				
DOCUMENT # NAME				STRE	ET ADDRESS		~ t			
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP					
DOCUMENT # NAME				STRE	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP					
indicatéd	l on this report is t	true and accurate and t	this filing does not qualify for t hat my signature shall have th report as required by Chapte	e same	e legal effect as	Section 119.07(3)(if made under oath;), Florida Statutes. I furth that I am a General Part	er certify the ner of the l	nat the information limited partnership or	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNEL



it alaalon

770.953.409

Daytime Phone #