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

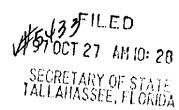
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A15896

CROW OAKS AT REGENCY ASSOCIATES, LTD. q





Mailing Address	Principal Office Address	1-	3. Date Formed or Registered	5a. Capital Contributions as Shown on record
2859 PAGES FERRY ROAD SUITE 1400	2859 PACES FERRY ROAD SUITE 1400	156.35	12/09/1983 3a. Date of Last Report	\$970.00
ATLANTA GA 30339	ATLANTA GA 30339	•	10/29/1996	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	10 dato:
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State		58-1538620	Not Applicable
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required
2.5 Country	8. Make check payable to: Dept. of State (See reverse side for fee Information		State (See reverse side for fee Information)	
Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office				
	Name			
SCHERER, BETTINA A. 6400 CONGRESS AVENUE, SUITE 2000 BOCA RATON FL 33487		Streot 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 accept the obligation of accept the obligations of accept the obligation of accept the obligati				
SIGNATURE (Registered Agent Accepting Appointment) _	thand I the	well	, 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 P. (Do NOT Use Post Office Box N	artner Jumbors) 11b.	City, State & Zip Code	11c. Registration/ Document Number
CROW-TERWILLIGER PARTNER	2859 PACES FERRY RD 2	1	anta ga	P00302
CROW-TERWILLIGER & WOOD	2859 PACES FERRY RD 2	ATL	ANTA GA	F75632
CROW-TERWILLIGER CO.	2859 PACES FERRY RD 2	ATL	anta ga	857587
			-10/30	334496 7 /8701117004 45.00 ****156.25

SIGNATURE -

empowered to execute this apport as required by chapter 629- Florida Statutes

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 will I 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

Opporations 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

10-22-97

Daytime Telephone Number 770 - 801 - 3/05