

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE


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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 29 AM 11:35



LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership		1a. DOCUMENT # A15899
CROW WOOD FOREST ASSOCIATES, LTD.		
Mailing Address 2859 PACES FERRY ROAD SUITE 1400 ATLANTA GA 30339	Principal Office Address 2859 PACES FERRY ROAD SUITE 1400 ATLANTA GA 30339	
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 12/09/1983	5a. Capital Contributions as Shown on record \$980.00
3a. Date of Last Report 11/07/1995	5b. Amount of Capital Contributions in FLORIDA to date 980 -
4. State or Country of Formation FL	
6. FEI Number 59-2352899	<input type="checkbox"/> Applied For <input 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)	

9. Name and Address of Current Registered Agent SCHERER, BETTINA A. 6400 CONGRESS AVENUE, SUITE 2000 BOCA RATON FL 33487	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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
CROW-TERWILLIGER & WOOD	2859 PACES FERRY RD 2	ATLANTA GA	F75632
CROW-TERWILLIGER CO.	2859 PACES FERRY RD 2	ATLANTA GA	857587

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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 _____

David J. Elwell VP

DATE _____

10-21-96

Typed or Printed Name of General Partner Signing Form _____

DAVID J. ELWELL, VP

Daytime Telephone Number _____

770-801-1600

CP2E003 (6/96)