

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

#5432 FILED
97 OCT 27 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
1a. DOCUMENT #
A15899

CROW WOOD FOREST ASSOCIATES, LTD. 98-AR CM

Mailing Address 2859 PACES FERRY ROAD SUITE 1400 ATLANTA GA 30339		Principal Office Address 2859 PACES FERRY ROAD SUITE 1400 ATLANTA GA 30339		3. Date Formed or Registered 12/09/1983	5a. Capital Contributions as Shown on record. \$980.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 10/29/1996	5b. Amount of Capital Contributions in FLORIDA to date: 980-
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-2352899	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		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, now 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) David J. Elwell

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) CROW-TERWILLIGER & WOOD CROW-TERWILLIGER CO.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2859 PACES FERRY RD 2 2859 PACES FERRY RD 2	11b. City, State & Zip Code ATLANTA GA ATLANTA GA	11c. Registration/ Document Number F75632 857587
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500002334495-0
-10/30/97-01117-004
***2645.00 ***156.25

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
DAVID J. ELWELL

DATE

10-22-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

770 801 3105

CR2E003 (6/97)