

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 24 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A18510

KINGS COLONY ASSOCIATES, LTD.

Mailing Address	Principal Office Address
2859 PACES FERRY ROAD, SUITE 1450 ATLANTA GA 30339	2859 PACES FERRY ROAD, SUITE 1450 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	5a. Capital Contributions as Shown on record. \$2,000.00
12/11/1984	
3a. Date of Last Report	
12/05/1997	5b. Amount of Capital Contributions in FLORIDA to date: -0-
4. State or Country of Formation	
FL	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
59-2483673 65-0410626	
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

FISH, DEBORAH L
C/O GABLES REALTY LIMITED PARTNERSHIP
6551 PARK OF COMMERCE BLVD., SUITE 100
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

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
GABLES GP, INC.	2859 PACES FERRY ROAD	ATLANTA GA 30339	F96000005185
100002749911--9 -01/21/99--01076--016 *****141.25 *****141.25			

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.

By Kings Colony Associates, Ltd. by: Gables GP, Inc.

SIGNATURE By Dawn H. Severt DATE 12-8-98

Typed or Printed Name of General Partner Signing Form Dawn H. Severt, VP Daytime Telephone Number (704) 436-4600

CR2E003 (8/98)