

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 11 1996 8:00 am
Secretary of State

1. Name of Limited Partnership PARK, LTD. (DEERWOOD CENTER)		1a. DOCUMENT # A20143
Mailing Address 1777 NORTHEAST EXPRESSWAY, SUITE 225 ATLANTA GA 30329		Principal Office Address 1777 NORTHEAST EXPRESSWAY, SUITE 225 ATLANTA GA 30329
2. Mailing Address Suite, Apt. #, etc. Suite #145 City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	

3. Date Formed or Registered 06/13/1985	5a. Capital Contributions as Shown on record \$4,185,000.00
3a. 11/20/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$4,185,000.00
4. State or Country of Formation FL	6. 59-2585474 <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 SCHNEIDER, MONIQUE R 8130 BAYMEADOWS WAY WEST SUITE 302 JACKSONVILLE FL 32256	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) BAITA INTERNATIONAL INC KUSINAG AG	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1777 NORTHEAST EXPRES BUBENBERGPLATZ 8 3001	11b. City, State & Zip Code ATLANTA GA 30329 BERN, SWITZERLAND	11c. Registration/Document Number F94000000215 F93000000817
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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. Kovee

DATE

11/10/96

Typed or Printed Name of General Partner Signing Form

DAVID J. KOVEE

Daytime Telephone Number

404 434-4778

CR2E003 (6/96)