


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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>1. Name of Limited Partnership</b>  <b>PARK, LTD. (DEERWOOD CENTER)</b>		<b>1a. DOCUMENT #</b> <b>A20143</b>	
<b>Mailing Address</b> 1777 NORTHEAST EXPRESSWAY, SUITE 225 STE. 145 ATLANTA GA 30329		<b>Principal Office Address</b> 1777 NORTHEAST EXPRESSWAY, SUITE 225 STE. 145 ATLANTA GA 30329	
<b>2. Mailing Address</b> Suite, Apt. #, etc. <b># 145</b> City & State Zip Country		<b>2a. Principal Office Address</b> Suite, Apt. #, etc. <b># 145</b> City & State Zip Country	
<b>3. Date Formed or Registered</b> <b>06/13/1985</b>		<b>5a. Capital Contributions as Shown on record.</b> <b>\$4,185,000.00</b>	
<b>3a. Date of Last Report</b> <b>01/29/1998</b>		<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>	
<b>4. State or Country of Formation</b> <b>FL</b>		<b>6. FEI Number</b> <b>59-2565474</b>	
<b>7. Certificate of Status Desired</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>		<b>\$8.75 Additional Fee Required</b>	

FILED

99 JAN -4 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>9. Name and Address of Current Registered Agent</b> SCHNEIDER, RERO J 8130 BAYMEADOWS WAY WEST SUITE 302 JACKSONVILLE FL 32256		<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
		<b>500002752485-4</b> <b>-01/25/99-01006-011</b> <b>****526.25 FL ****526.25</b>	

**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.**

<b>11. Name(s) of General Partner(s)</b> BAITA REAL ESTATE, INC. KUSINAG AG	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 1777 NORTHEAST EXPRES BUBENBERGPLATZ 8 3001	<b>11b. City, State &amp; Zip Code</b> ATLANTA GA 30329 BERN, SWITZERLAND	<b>11c. Registration/Document Number</b> 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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)