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

LIMITED PARTNERSHIF ANNUAL REPORT 1999
Name of Limited Partnership



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1.

DOCUMENT# 1a.

DIVISION OF CORPORATIONS

98 DEC | | AMI|: 25

	A20681				20
ROYAL OAK COLONY ASSO	OCIATES, LTD.		7) 12 J 5		
Mailing Address	Principal Office Address	`	3. Date Formed or Registered	5a. Capit	al Contributions as n on record.
7000 CENTRAL PARKWAY SUITE 1500 ATLANTA GA 30328	7000 CENTRAL PARKWAY SUITE 1500 ATLANTA GA 30328	ļ	09/03/1985 3a. Date of Last Report 12/29/1997	\$2,934,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable	
City & State	City & State	ł	7. Certificate of Status Desired		\$8.75 Additional
Zip Country	Zip Country	У	8. Make check payable to: Dept. of		Fee Required
9. Name and Address of Cu	Tent Denistand Agent		10_ if changed, new Registered	Acent/Office	
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the c	Suite, City 1 and 620,192, Florida Statutes, the above-named limited per registered agent, or both, in the State of Florida. Such of tions of section 620,192, Florida Statutes. AT IS A CORPORATION, LIMIT JST BE REGISTERED AND AC	Address (P.O. Box Apt. #, etc.	x来来来与 zed or registered under the laws of the nized by its general partner(s). I hereby DATE NERSHIP OR OTHE	3/98-0 26.25 FL State of Floric y accept the ap	NESS ENTITY Registration/
11, idante(s) of Gallerian Faturiar(s)	1121- (Do NOT Use Past Office Box Numbe	(ars) I (D.	City, State of Zip Code	110.	Document Number
GODBOLD, F S RJ PROPERTIES, INC.	7000 CENTRAL PKY, S-1 880 CARILLON PARKWAY 7000 CENTRAL PKY, S-1	ST. 1	anta ga Petersburg fl Anta ga	667885	
12. I do hereby certify that the information supplied w	The changed on this form; an a tith this filing is voluntarily furnished and does not qualify for with Section 119.07(3)(%) in the event that the information.	or the exemption st	ated in Section 119.07(3)(k), Florida S	tatutes. I releas	e the Division of

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 truste
	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 truste empowered to execute this report as required by chapter 620, Florida Statuter

SIGNATURE
Typed or Printed Name of General Partner Signing Form

DATE_12-09-98