

**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 Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 MAR -3 PM 1:55



BK 3/3/97

1. Name of Limited Partnership <b>BA ASSOCIATES, LTD.</b>		1a. DOCUMENT # <b>A22799</b>	
2. Mailing Address Main Office Address <b>400 COLONY SQUARE, SUITE 1600 1201 PEACHTREE STREET ATLANTA GA 30361</b>		2a. Principal Office Address <b>400 COLONY SQUARE, SUITE 1600 1201 PEACHTREE STREET ATLANTA GA 30361</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

3. Date Entered or Registered <b>06/23/1986</b>	5a. Capital Contributions as Shown on record <b>\$2,177,777.00</b>
3a. 01/02/1996	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation <b>GA</b>	
6. <b>58-1881227</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 <b>SMITH &amp; HUSLEY 1800 FLORIDA NATIONAL BANK TOWER 225 WATER STREET JACKSONVILLE FL 32201</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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**10a.** Pursuant to the provisions of sections 620.105(1) 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) <b>BA PARTNERS, LTD.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>1201 PEACHTREE ST. NE</b>	11b. City, State & Zip Code <b>ATLANTA GA</b>	11c. Registration/Document Number <b>B93000000047</b>
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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 *Richard H. Lee* not individually, but as an officer of Branch Investment Group, General Partner of BA Partners, Ltd. DATE **12-19-96**

Typed or Printed Name of General Partner Signing Form **RICHARD H. LEE** Daytime Telephone Number **404/892-8900**