

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

96 DEC 23 PM 1:25

1. Name of Limited Partnership

1a. DOCUMENT #
A23331

FOGELMAN SOUTHEAST PROPERTIES, LTD.



Mailing Address

Principal Office Address

5400 POPLAR AVE.
MEMPHIS TN 38119

5400 POPLAR AVE.
MEMPHIS TN 38119

3. Date Formed or Registered

09/29/1986

5a. Capital Contributions as Shown on record.

\$4,900,000.00

3a. Date of Last Report

12/27/1995

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

TN

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

62-1283049

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

10. If changed, new Registered Agent/Office

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

FOGELMAN, AVRON B.

5400 POPLAR AVE.

MEMPHIS TN

FOGELMAN PROPERTIES, INC

5400 POPLAR AVE.

MEMPHIS TN

P11831

700002046947--7
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****576.25 ****576.25

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.

SIGNATURE

John A. Randles, III
By: Fogelman Properties, Inc., General Partner
By: John A. Randles, III, its EVA

DATE

12/16/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(901) 767-6500

CRCE003 (6/96)