

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -6 AM 11:26



1. Name of Limited Partnership **1a. DOCUMENT #**
A24400

BARTOW ROD & REEL ASSOCIATES, LTD.

Mailing Address 1905 POWERS FERRY RD., SUITE 280 ATLANTA GA 30339		Principal Office Address 1905 POWERS FERRY RD., SUITE 280 ATLANTA GA 30339		3. Date Formed or Registered 04/17/1987	5a. Capital Contributions as Shown on record \$99,800.65
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 11/13/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation GA	5b. Amount of Capital Contributions in FLORIDA to date: \$99,800.65
City & State		City & State		6. FEI Number 58-1771966	
Zip	Country	Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
				8. \$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office	
	Name 500002345125--0	
	Street Address (P.O. Box Number is Not Acceptable) 1712797--01098--013 ****541.25 ****541.25	
	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
HARDWOOD OF GEORGIA, INC	1905 POWERS FERRY, #280	ATLANTA GA 30339	P14076 <i>oe</i> 11-6

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 *T. J. O'Neill* DATE **9/24/99**
Typed or Printed Name of General Partner Signing Form **T. J. O'NEILL** Daytime Telephone Number **770-955-8125**

CR2E003 (6/97)