

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

**FILED**

97 DEC 17 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



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

1. Name of Limited Partnership

1a. DOCUMENT #  
**A25672**

**CHRISTMAN GROVE LAND, LTD.**



*12/18*

Mailing Address

2020 COBB PARKWAY  
MARIETT GA 30062

Principal Office Address

2020 COBB PARKWAY  
MARIETT GA 30062

3. Date Formed or Registered

12/31/1987

5a. Capital Contributions as Shown on record

\$180,200.00

3a. Date of Last Report

12/05/1996

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

\$ 180,200.00

4. State or Country of Formation

FL

6. FEI Number

NOT APPLICABLE

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Addtional Fee Required

8. Make check payable to: Dept of State (See reverse side for fee information)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

WARD, CRAIG B., ESQ.  
105 E. ROBINSON ST.  
SUITE 501  
ORLANDO FL 32801

10. If changed, now Registered Agent/Office

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)

CHRISTMAN, NEIL  
CHRISTMAN, THEO

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1806 CHURCH ST.  
75-487 CAMINO DE PASC

11b. City, State & Zip Code

DECATUR GA  
INDIAN WELLS CA

11c. Registration/Document Number

900002379999--3  
-12/23/97--01020--014  
\*\*\*\*541.25 \*\*\*\*541.25

**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

*Neil Christman*  
GEN PARTNER  
NEIL CHRISTMAN

DATE 12/15/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 770-952-1800

CR2E003 (6/97)