

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

98 JAN -5 PM 12:16

mtu  
1/21



1. Name of Limited Partnership

1a. DOCUMENT #  
**A28024**

**CA SOUTHPARK INVESTORS, L.P., A GEORGIA LIMITED  
PARTNERSHIP**

Mailing Address

Principal Office Address

1275 PEACHTREE STREET, N.E.  
ATLANTA GA 30367-1801

1275 PEACHTREE STREET, N.E.  
ATLANTA GA 30367-1801

3. Date Formed or Registered

03/07/1989

5a. Capital Contributions as  
Shown on record.

\$1,000.00

3a. Date of Last Report

12/16/1996

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

4. State or Country of Formation

GA

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

58-1835965

☐ 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

MIKALS, JOHN J  
2000 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202

10. If changed, new Registered Agent/Office

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

800002403606--1

City

-01/22/98--01125--023

\*\*\*\*156.25 FL \*\*\*\*156.25

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

GLASS, L. FREDERICK JR.

3764 TUXEDO ROAD, N.W

ATLANTA GA

M P DEVELOPMENT, LTD.

1275 PEACHTREE ST., N

ATLANTA GA

BEALLE, JAMES W.

6180 WEATHERLY DR.  
3520 Nancy Creek Rd NW  
940 WEYMAN COURT

ATLANTA GA

CARSON, JAMES B. JR.

2625 Peachtree St #32  
2660 PEACHTREE ST., N

ATLANTA GA

RATHER, DANIEL B.

940 Weyman Ct  
4105 TWIN BRANCH LANE

ATLANTA GA

STEVENSON, PHILIP S

ATLANTA GA 30328

B93000000163

**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

*James W. Bealle*

DATE 12/29/97

Typed or Printed Name of General Partner Signing Form

JAMES W. Bealle

Daytime Telephone Number

404-888-3210

CR2E003 (6/97)