


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  <b>CA SOUTHPARK INVESTORS, L.P., A GEORGIA LIMITED PARTNERSHIP</b>		1a. DOCUMENT # <b>A28024</b>	
Mailing Address <b>1275 PEACHTREE STREET, N.E. ATLANTA GA 30367-1801</b>		Principal Office Address <b>1275 PEACHTREE STREET, N.E. ATLANTA GA 30367-1801</b>	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered <b>03/07/1989</b>		5a. Capital Contributions as Shown on record <b>\$1,000.00</b>	
3a. Date of Last Report <b>01/05/1998</b>		5b. Amount of Capital Contributions in FLORIDA to date <b>0.00</b>	
4. State or Country of Formation <b>GA</b>		6. FEI Number <b>58-1835965</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 <b>MIKALS, JOHN J 2000 INDEPENDENT SQUARE JACKSONVILLE FL 32202</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	
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			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
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	
<b>GLASS, L. FREDERICK JR.. M P DEVELOPMENT, LTD. BEALLE, JAMES W. CARSON, JAMES B. JR. RATHER, DANIEL B. STEVENSON, PHILIP S</b>		<b>3764 TUXEDO ROAD, N.W. 1275 PEACHTREE ST., N 3520 NANCY CREEK RD N 6180 WOODBURY DR. NW 2525 PEACHTREE ST #32 3520 Nancy Creek Rd. 940 WEYMAN CT- 2525 Peachtree St #32B 1105 TWIN BRANCH LANE 940 Weyman Court</b>	
<b>ATLANTA GA ATLANTA GA ATLANTA GA ATLANTA GA ATLANTA GA ATLANTA GA 30328</b>		<b>B93000000163 600002811386--2 -03/19/99--01011--012 ****141.25 ****141.25 3-16-99</b>	
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 <i>James W Bealle</i> Typed or Printed Name of General Partner Signing Form <b>James W Bealle</b>		DATE <b>2/14/99</b> Daytime Telephone Number <b>404-888-3170</b>	

FILED  
99 MAR 11 PM 3:59  
SECRETARY OF STATE

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