

**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 3: 22 	
1. Name of Limited Partnership WICKHAM WAY TOWNHOMES, A LIMITED PARTNERSHIP		1a. DOCUMENT # A30785		3. Date Formed or Registered 11/07/1990 3a. Date of Last Report 10/28/1996 4. State or Country of Formation GA		5a. Capital Contributions as Shown on record. \$98.00 5b. Amount of Capital Contributions in FLORIDA to date:	
Mailing Address 900 BROOKSTONE CENTRE PARKWAY P.O. BOX 6566 COLUMBUS GA 31895		Principal Office Address 900 BROOKSTONE CENTRE PARKWAY P.O. BOX 6566 COLUMBUS GA 31895		6. FEI Number 58-1912887		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		7. Certificate of Status Desired		<input checked="" 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 CORPORATION INFORMATION SERVICES, INC. 502 EAST PARK AVENUE TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: right;"> FL Zip Code </div>
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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) FLOURNOY DEV. CORP. FLOURNOY, JOHN F.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 900 BROOKSTONE CEN. P 900 BROOKSTONE CEN. P	11b. City, State & Zip Code COLUMBUS GA COLUMBUS GA	11c. Registration/Document Number P04889 
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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 _____

DATE **12/17/97**

Typed or Printed Name of General Partner Signing Form _____

Thomas D. Kinney

Daytime Telephone Number **(706) 324-4000**

CR2E003 (6/97)