

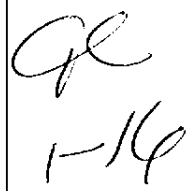
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A30787			
HILLMOOR TOWNHOMES, A LIMITED PARTNERSHIP					
Mailing Address 900 BROOSTONE CENTRE PARKWAY P.O. BOX 6566 COLUMBUS GA 31995		Principal Office Address 900 BROOSTONE CENTRE PARKWAY P.O. BOX 6566 COLUMBUS GA 31995		3. Date Formed or Registered 11/07/1990	5a. Capital Contributions as Shown on record. \$98.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 10/28/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation GA	
City & State		City & State		6. FEI Number 59-1912891	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		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)					

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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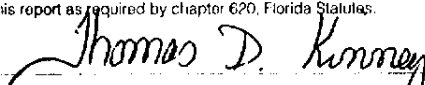


9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 502 EAST PARK AVENUE TALLAHASSEE FL 32301		10. If changed, new Registered Agent/Office Name 000002405370-4 -01/20/98--01117--016 Street Address (P.O. Box Number is Not Acceptable) ***156.25 ***156.25 Suite, Apt. #, 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) 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. Registry/Document Number P04689 

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

CRZE003 (6/97)