

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2/1/14

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership KLOSTERMAN KOMMONS LIMITED PARTNERSHIP		1a. DOCUMENT # A30860	
Mailing Address P.O. BOX 200 TIFTON GA 31793		Principal Office Address P.O. BOX 000 TIFTON GA 31793	
2. Mailing Address P.O. Box 186		2a. Principal Office Address P.O. Box 186 1905 U.S. Hwy 12 W	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tifton, GA		City & State Tifton, GA	
Zip 31793 Country USA		Zip 31793 Country USA	

3. Date Formed or Registered 12/03/1990	5a. Capital Contributions as Shown on record \$868,153.65
3a. Date of Last Report 03/18/1996	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation GA	6. FEI Number 58-1921598
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new 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) JACOBY DEVELOPMENT, INC. STAFFORD CAP. CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1800 CENT. PL., STE. HIGHWAY 82 WEST	11b. City, State & Zip Code ATLANTA GA TIFTON GA	11c. Registration/Document Number F92000000858 P40431
000002061070--5 -01/16/87--01110--016 ****576.25 ****576.25			

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 Frank J. Jones, Jr. **-OFFICER- STAFFORD CAP. CORP.** **DATE** 12/30/96

Typed or Printed Name of General Partner Signing Form FRANK J. JONES, JR.-TREASURER **Daytime Telephone Number** 912-388-9110

CR2E003 (6/96)