


**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 # A30860	

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 DEC 22 PM 2:16

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KLOSTERMAN KOMMONS LIMITED PARTNERSHIP

Mailing Address P.O. BOX 186 TIFTON GA 31783		Principal Office Address 1805 US HWY 82. W. TIFTON GA 31783		3. Date Formed or Registered 12/03/1990	5a. Capital Contributions as Shown on record. \$868,153.65
				3a. Date of Last Report 01/07/1997	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation GA	5b. Amount of Capital Contributions in FLORIDA to date. <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. FEI Number 58-1921598	
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, now Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code	
		7000002385277--8 -12/30/97--01014--002 *****541.25 *****541.25 FL	

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 F92000000658 P40431
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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

Frank J. Jones, Jr.

DATE 12/19/97

Typed or Printed Name of General Partner Signing Form **Frank J. Jones, Jr., - Treasurer**

Daytime Telephone Number (912) 386-0552

CR2E003 (6/97)