

**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**  
**97 DEC 15 PM 1:02**



1. Name of Limited Partnership

1a. DOCUMENT #  
**A33541**

**STANFORD STATION PARTNERS, L.P. (LIMITED PARTNERSHIP)**

Mailing Address

FIVE CONCOURSE PARKWAY  
SUITE 2000  
ATLANTA GA 30328

Principal Office Address

FIVE CONCOURSE PARKWAY  
SUITE 2000  
ATLANTA GA 30328

3. Date Formed or Registered

10/14/1992

3a. Date of Last Report

12/24/1996

4. State or Country of Formation

GA

6. FEI Number

58-2008491

7. Certificate of Status Desired



**\$8.75 Additional Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as Shown on record:

**\$1,423,500.00**

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ Applied For  
☐ Not Applicable

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH 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)

**EWING, MORRIS M.**  
**MCAULEY, THOMAS H.**  
**RJ EQUITIES, INC.**

11a. Address of Each General Partner (Do NOT Use P.O. Box Numbers)

**FIVE CONCOURSE PARKWAY**  
**200 GALLERIA PARKWAY,**  
**880 CARILLON PKWY**

11b. City, State & Zip Code

**ATLANTA GA 30328**  
**ATLANTA GA 30339**  
**ST PETERSBURG FL**

11c. Registration/Document Number

**J11316**

**700002374667-3**  
**-12/17/97-01040-030**  
**\*\*\*\*585.00 \*\*\*\*585.00**

**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

*Morris M. Ewing*

DATE

**12/1/97**

Typed or Printed Name of General Partner Signing Form

**MORRIS M. Ewing**

Daytime Telephone Number

**770/698-2200**

CR25003 (6/97)