FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 SEP 17 PM 2: 02

1. Name of Limited Partnership

1a.	DOCUMENT # A33573

JMA EQUITIES, L.P. LIMITED PARTNERSHIP

Mailing Address POST OFFICE BOX 1089 GREENVILLE SC 29602	Principal Office Address ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29601	**3.** Date Formed or Registered 10/22/1992	**5a.** Capital Contributions as Shown on record. $20.00
		3a. Date of Last Report 09/23/1997	**5b.** Amount of Capital Contributions in FLORIDA to date: 20.00
2. Malling Address	**2a.** Principal Office Address	**4.** State or Country of Formation DE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**6.** FEI Number 57-0952957	☐ Applied For ☐ Not Applicable
City & State	City & State	**7.** Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip Country	Zip Country	**8.** Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (P.O. Box Number Is Not Acceptable) 200002645072
	Suite, Apt. #, etc. ~~09/22/98~~ ***141.25 ***141.25
	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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
MAE JMA, INC.	ONE INSIGNIA FINANCIA	GREENVILLE SC 29601	P41110

CR2E003 (8/98)

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 _Robert D. Long_ DATE 9/15/98

Typed or Printed Name of General Partner Signing Form _Robert D. Long, Jr._ _Vice President of_   Daytime Telephone Number 864 239 1000