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 DEC 15 PM 3:30

1. Name of Limited Partnership

1a. DOCUMENT # A93000000932

L & L TAMPA ASSOCIATES, LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
BROOK PROPERTIES 2265 ROSWELL RD NE, STE 402 MARIETTA GA 30062	2200 WINDWAY CIRCLE TAMPA FL 33612

3. Date Formed or Registered: 09/14/1993
3a. Date of Last Report: 01/05/1998
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record.: $3,500,000.00
5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	2a. Principal Office Address
	2225 131ST AVE. EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: TAMPA, FL
Zip / Country	Zip: 33612 / Country

6. FEI Number: 59-3214553 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ $8.75 Additional Fee Required
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
FREDRICK, SUZANNE %ASHLEY GABLES APARTMENTS 2200 WINDWAY CIRCLE TAMPA FL 33612	Name Street Address (P.O. Box Number is Not Acceptable): 2225 131ST AVE. EAST Suite, Apt. #, etc. City: TAMPA FL Zip Code: 33612

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
L & L WAY ASSOCIATES, LIMITE	2265 ROSWELL RD NE, STE 402	MARIETTA GA 30062	A93000000931

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****526.25 ****526.25

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 _____ DATE 12-10-98

Typed or Printed Name of General Partner Signing Form SHARON E. LAMM Daytime Telephone Number 770-565-1070