

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB 23 AM 11:40

1. Name of Limited Partnership Tallahassee Mall Partners, Ltd.		1a. DOCUMENT # A95000000941	
Mailing Address 5775 Peachtree Dunwoody Rd. Suite D-200 Atlanta, Georgia 30342-1505		Principal Office Address 5775 Peachtree Dunwoody Rd. Suite D-200 Atlanta, Georgia 30342-1505	
2. Mailing Address 5775 Peachtree Dunwoody Rd. Suite, Apt. #, etc. D-175 City & State Atlanta, Georgia Zip Country 30342 USA		2a. Principal Office Address 5775 Peachtree Dunwoody Rd. Suite, Apt. #, etc. D-175 City & State Atlanta, Georgia Zip Country 30342 USA	
3. Date Formed or Registered June 22, 1995		5a. Capital Contributions as Shown on record \$6,750,000.00	
3a. Date of Last Report March 13, 1998		5b. Amount of Capital Contributions in FLORIDA to date \$6,750,000.00	
4. State or Country of Formation Florida		6. FEI Number 58-2179840 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 Corporation Service Company 120 Hays Street, Suite 105 Tallahassee, Florida 33401		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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) SGT Corp. GSG Lenck Corporation	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5775 Peachtree Dunwoody Road, Suite D-175 222 Lakeview Avenue Suite 800	11b. City, State & Zip Code Atlanta, GA 30342-1505 West Palm Beach 33401	11c. Registration/Document Number P95000003024 P95000042415
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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

DATE

Typed or Printed Name of General Partner Signing Form
Gregory Greenfield, President of
SGT Corp.

Daytime Telephone Number

CR2E003 (8/98)