FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

. LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A95000001358

FAISON-FLEMING ISLAND BUSINESS CENTER LIMITED PA RTNERSHIP

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 OCT 18 AMII: 59



Mailing Address ATTN: LEGAL D		Principal Office Address ATTN: LEGAL DEPT.	·		3, Date Formed or Registered 09/13/1995	Shown on record	
121 WEST TRADE ST., 1900 INTERSTATE TOWER CHARLOTTE NC 28202		CHARLOTTE NC 28202		WEN.	3a. Date of Last Report 11/06/1995	Eh.	
					-	5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Add	ress	2a. Principal Office Addres	2a. Principal Office Address		4. Stale or Country of Formation	is diffe	
Suite, Apt #, etc.		Suite, Apt. #, etc.			6, FEI Number 56-1941401	Applied For Not Applicable	
City & State		City & State			7		
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Additional Fee Required	
<u>'</u>	·				8. Make check payable to Dept of State (See reverse side for fee informa		
9. Name and Address of Current Registered Agent			10. If changed, new Reg stered Agent/Office				
JOYCE, JOHN M 225 E. ROBINSON STREET, SUITE 500 ORLANDO FL 32801			Nanie				
			Street Address (P.O. Box Number Is Not Acceptable)				
UKLANDU	FL 32801		Suite, Apt *, etc				
			City			FL Zip Code	
agent Tan SIGNATURE (Regis	pose of changing its registered office or r in familiar with, and accept the obligations tered Agent Accepting Appointment) _ RAL PARTNER THAT MUST	of section 620-192, Florida Statutes	N, LIMITED	PART	DATE NERSHIP OR OTHE		
11. Name(s) of General Partner(s)	Andreas of Foot Consul Dates		11b.	City, State & Zip Code	11c. Registration/	
			121 WEST TRADE STREET		HARLOTTE NC 28202	F9200000164	
					700001 -10/25 ****1	9856577 /9601029023 91.25 ****191.25	
						Parish.	
Note: Gen	eral nartners MAV NOT	be changed on this t	form: an ame	endme	ent must be filed to ch	ange a general partne	

this annual report is true and accurate and that my signature shall have the same legal effects as if made under each 1 further cert by 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**

ASST. Secretary Elizabeth M. Speed

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)(x). 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 decried exempt from public access. I further certify that the information indicated on

DATE: 10/12/96 Dayt me Telephone Number 704-331-2500