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

LIMITED PARTNERSHIP **ANNUAL REPORT**



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED

1999	IVIa	SION OF CORPORATION	vs (P) Jf.	1-7 (114:21	
1. Name of Limited Partnership	1a. DOCUMENT # A9600002323		CON.		
AMIEL PROPERTIES, LTD.					
Mailing Address	Francipal Office Address		3, Date Formed or Registered	5a. Capital Contributions as Shown on record	
3201 LENOX ROAD. SUITE 42 ATLANTA GA 30324	3201 LENOX ROAD. SUITE 42 ATLANTA GA 30324		12/16/1996 3a. Cate of Last Report 12/08/1997	\$511,000.00 5b. Amount of Capital	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	Contributions in ELORALIA to date	
Suite, Apt. #, etc City & State	Suite, Apt #, etc. City & State		6. FET Number 58-2276691	Applied For Not Applicable	
Zip Country	Zip	Country	7. Certification Status Desired 8. Make Classk payarition Dept. o	\$8.75 Ad stonial Fee Reguired I Stule (Sec reverse's de for tex information)	
9. Name and Address of Co		Name Struct Ad trop	10. If Ounged new Register	ed Agent-Office	
150 MAGNOLIA AVENUE DAYTONA BEACH FL 32114			Suite, Apt #, eti		
10a. Pursuant to the provisions of sections 620 10: for the purpose of changing its registered office agent. I am familiar with, and accept the oblig	te or registered agent, or both, in the	State of Florida, Such change	ship organized or registered under the laws of the was authorized by its general partner(s). There		
SIGNATURE (Registered Agent Accepting Appointmen	u		DATE		
A GENERAL PARTNER TH	AT IS A CORPORA UST BE REGISTER	ED AND ACTIV		R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	TTA. (Do NOT Use F	os. Crince Box Narroe sy	11b. City, State & Zig Code	11c. Registration: Document Number	
amiel, lydia sarda	3201 LENOX R	OAD, SUIT	ATLANTA GA 30324 - ELETETETETETE	175.240005	
Note: General partners MAY N	OT be changed on t	his form; an ame	ndment must be filed to ch	ange a general partner.	

12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Ficrida Statutes. I release the Drussion of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is derived evently from public ancies. I further certify that the information indicated on this annual report is true and accurate and triat my signature shall have the same legal effects as if made under each. 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/...

Typed or Printed Name of General Partner Signing Form.

DATE 12/47

Daytime Telephone Number,