


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

FILED

98 DEC 24 AM 9:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership NORTH POINT LIMITED PARTNERSHIP NO. 1		1a. DOCUMENT # A97000002144	
Mailing Address 8351 Parkline Blvd. Suite 300 Orlando, FL 32809		Principal Office Address 8351 Parkline Blvd. Suite 300 Orlando, FL 32809	
2. Mailing Address 1025 Greenwood Blvd. Suite, Apt. #, etc. Suite 175 City & State Lake Mary Florida Zip Country 32746 US		2a. Principal Office Address 1025 Greenwood Blvd. Suite, Apt. #, etc. Suite 175 City & State Lake Mary Florida Zip Country 32746 US	
		3. Date Formed or Registered 10/03/97	5a. Capital Contributions as Shown on record. \$0.00
		3a. Date of Last Report 1998	5b. Amount of Capital Contributions in FLORIDA to date: \$0.00
		4. State or Country of Formation Florida	
		6. FEI Number 59-3480206 <input type="checkbox"/> Applied For <input 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 Jon C. Yergler c/o Lowndes, Drosdick, Doster, Kanter & Reed 215 North Eola Drive Orlando, FL 32801		10. If charged, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code	
		100002739421--1 -01/13/99-01037-003 ****150.00 ****150.00 FL	

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) Weeks Realty, L.P.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4497 Park Drive	11b. City, State & Zip Code Norcross, GA 30093	11c. Registration/Document Number B95000000135
----------------------------------------------------------------	-----------------------------------------------------------------------------------------------------	--------------------------------------------------------------	----------------------------------------------------------

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. By: Weeks GP Holdings, Inc., general partner of Weeks Realty, L.P., general partner of North Point Limited Partnership No. 1

SIGNATURE Elizabeth C. Belden DATE 12/20/98

Typed or Printed Name of General Partner Signing Form Elizabeth C. Belden Daytime Telephone Number 770-717-3226

CR2E003 (8/98)