FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 21 PM 5:00
SECRETARY OF STATE

1. Name of Limited Partnership

LAFAYETTE I ASSOCIATES, LTD.

1a. DOCUMENT # A97000002362

Mailing Address	Principal Office Address
~~95 SOUTH FEDERAL HIGHWAY, SUITE 200~~ ~~BOCA RATON FL 33432~~	~~95 SOUTH FEDERAL HIGHWAY, SUITE 200~~ ~~BOCA RATON FL 33432~~

3. Date Formed or Registered: 10/30/1997

3a. Date of Last Report: 03/05/1998

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $500,000.00

5b. Amount of Capital Contributions in FLORIDA to date:

6. FEI Number: 72-1402585 ☐ 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)

2. Mailing Address	**2a.** Principal Office Address
1819 PEACHTREE ROAD, NE	1819 PEACHTREE ROAD, NE
Suite, Apt. #, etc.: SUITE 610	Suite, Apt. #, etc.: SUITE 610
City & State: ATLANTA, GA	City & State: ATLANTA, GA
Zip: 30309 Country:	Zip: 30309 Country:

9. Name and Address of Current Registered Agent

TAGUE, BRIAN P
201 BISCAYNE BLVD., 26TH FLOOR
MIAMI FL 33131

10. If changed, new Registered Agent/Office

Name:
Street Address (P.O. Box Number Is Not Acceptable):
Suite, Apt. #, etc:
City: FL Zip Code:

400000285,94154--2
-04/30/99--01141--007
****526.25 ****526.25

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
LAFAYETTE I GP, INC.	95 SOUTH FEDERAL HIGH	BOCA RATON FL 33432	P97000092208

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 Daytime Telephone Number

CR2E003 (12/98)

0004148