


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

| | | | | | |
|--|--|---|--|--|--|
| LIMITED PARTNERSHIP ANNUAL REPORT 1999 | |  <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p> | | <p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 DEC 14 PM 12:30</p> | |
| 1. Name of Limited Partnership CITY CENTRE ASSOCIATES OF TALLAHASSEE, LTD. | | 1a. DOCUMENT # A97000002672 | | | |
| Mailing Address 226 NORTH DUVAL STREET TALLAHASSEE FL 32301 | | Principal Office Address 226 NORTH DUVAL STREET TALLAHASSEE FL 32301 | | 3. Date Formed or Registered 12/10/1997 3a. Date of Last Report 12/19/1997 4. State or Country of Formation FL | |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | | 5a. Capital Contributions as Shown on record. \$1,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$8.75 Additional Fee Required | |
| 6. FEI Number 59-3487007 APPLIED FOR | | <input checked="" 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 RUDNICK, JAMES M 226 NORTH DUVAL STREET TALLAHASSEE FL 32301 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City |
|--|---|

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) CITY CENTRE ASSOCIATES OF TA | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 226 NORTH DUVAL STREE | 11b. City, State & Zip Code TALLAHASSEE FL 32301 | 11c. Registration/Document Number P97000104078 |
|--|---|--|--|

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 James M. Rudnick DATE 12/11/98
 Typed or Printed Name of General Partner Signing Form JAMES M. RUDNICK Daytime Telephone Number 850-671-1999

CP2E003 (8/98)