

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 22 AM 9:16

1. Name of Limited Partnership

1a. DOCUMENT #
A97000002757

FLA#1772, LTD.

Mailing Address
4451 Atlanta Rd., Ste. 120
Smyrna, GA 30080-6556

Principal Office Address
4451 Atlanta Rd., Ste. 120
Smyrna, GA 30080-6556

3. Date Formed or Registered
12/16/97

5a. Capital Contributions as
Shown on record.

\$1,000.00

3a. Date of Last Report

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

\$1,000.00

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

59-3480565

☐ Applied for
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

Zip

Country

Zip

Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

Robert O. Mickler, Esq.
Ste. 3000, One Independent Drive
Jacksonville, FL 32202

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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

The Wilcox Group, Inc.

4451 Atlanta Rd., Ste. 120 Smyrna, GA 30080-6556

P97000106253

000002379650--1

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

Keith B. Dermond

DATE 12/18/97

Typed or Printed Name of General Partner Signing Form

Keith B. Dermond, Secretary of

Telephone Number (770) 435-5942

CR2E003 (6/97)



**THE UNITED STATES
CORPORATION**
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE 645030 4348632

AUTHORIZATION

Pattie M. Rimas

COST LIMIT : \$ 156.25

ORDER DATE : December 22, 1997

ORDER TIME : 1:28 PM

ORDER NO. : 645030-025

CUSTOMER NO: 4348632

CUSTOMER: Pattie M. Rimas, Legal Asst
Smith Gambrell & Russell
Suite 3100
1230 Peachtree St., N.e.
Atlanta, GA 30309-3592

ANNUAL REPORT FILING

NAME: FLA#1772, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS: _____

97 DEC 22 PM 3:26
DIVISION OF CORPORATION