

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

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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

1a. DOCUMENT #
A98000000005

NORTH POINT LIMITED PARTNERSHIP NO. 2



Mailing Address 5802 HOFFNER ROAD SUITE 704 ORLANDO FL 32822		Principal Office Address 5802 HOFFNER ROAD SUITE 704 ORLANDO FL 32822		3. Date Formed or Registered 12/31/1997	5a. Capital Contributions as Shown on record. \$0.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 03/02/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
City & State		City & State		6. FEI Number 59-3487799	
Zip		Country		7. Certificate of Status Desired <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip		Country		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent

YERGLER, JON C ESQ
C/O LOWNDES, DROSDICK, ET AL
215 NORTH EOLA DRIVE
ORLANDO FL 32801

10. If changed, new Registered Agent/Office

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
WEEKS REALTY SERVICES, INC.	4497 PARK DRIVE	NORCROSS GA 30093	FR7000004063-4 30000271618-4 -12/18/98-01071-009 ****450.00 ****150.00

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 Realty Services, Inc., Managing Partner of North Point Limited Partnership No. 2
SIGNATURE *Elizabeth C. Borden* DATE 10/28/98

Typed or Printed Name of General Partner Signing Form ELIZABETH C. BORDEN

Daytime Telephone Number 770-717-3226

CR2E003 (8/98)