


**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	
1. Name of Limited Partnership BT OPTION PARTNERS, LTD.		1a. DOCUMENT # A98000002833	
Mailing Address 4497 PARK DRIVE NORCROSS GA 30093		Principal Office Address 4497 PARK DRIVE NORCROSS GA 30093	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 12/22/1998		5a. Capital Contributions as Shown on record \$0.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired		8. Make check payable to: Dept. of State (See reverse side for fee information) \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			
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) 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	
3000002795203--2 -03/05/99--01003--019 ****150.00 ****150.00 64 31-99			
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, limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. By: WEEKS REALTY, L.P., a GA limited partnership, gen. partner By: Weeks GP Holdings, Inc., a Georgia corporation, sole general partner SIGNATURE <i>Elizabeth C. Belden</i> DATE <i>2-19-99</i> Elizabeth C. Belden, Secretary			
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number 770-717 3222	

FILED
99 FEB 23 PM 1:19



CR2E003 (12/98)