

WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
JAN 19 11 14 39
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
**1a. DOCUMENT #
A98000002893**

SAWGRASS LIMITED PARTNERSHIP NO. 1

2. Mailing Address 5802 Hoffner Road Suite 704 Orlando, Florida 32822		Principal Office Address 5802 Hoffner Road Suite 704 Orlando, Florida 32822		3. Date Form Filed or Registered 12/29/98	5a. Capital Contributions as Shown on record \$0.00
2. Mailing Address 1025 Greenwood Blvd., Suite, Apt #, etc Suite 175 Lake Mary, FL Zip 32746 Country US		2a. Principal Office Address 1025 Greenwood Blvd., Suite, Apt #, etc Suite 175 Lake Mary, FL Zip 32746 Country US		3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date \$0.00
				4. State or Country of Formation Florida	
				6. FEI Number <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 Jon C. Yergler, Esquire Lowndes, Drosdick, Doster, Kantor & Reed, P.A. 215 North Eola Drive Orlando, Florida 32801		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc City FL	
--	--	---	--

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, L.P.	4497 Park Drive	Norcross, Georgia 30093	B95000000135

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.

WEEKS REALTY, L.P., General Partner
By: Elizabeth C. Belden Elizabeth C. Belden DATE 1/14/99
SIGNED: _____
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number 770-717-3226

CR2E003 (8/98)