2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A99000000113 1. Entry large HOPS OF LOUISIANA, LTD. O4 APR 30 PH I2: 15 SECRETARY CF STATE TALLAHASSEE, FLORIDA HADDOX or MASHINGTON HADDOX (of MASHINGTON TO HADDOX (of MASHINGTON HADD				.,			_	po n e	क्षित्रकात्रे क्ष्मित्	
Principal Piliso of Business HANCOK, et WASHINGTON MADISON, Ce WASHINGTON MADISON, CA 30660 SIGNATURES SIGNATURES COVERNIA MADISON, CA 30660 SIGNATURES SIGNATURES SIGNATURES COVERNIA MADISON, CA 30660 SIGNATURES SIGNATURES SIGNATURES SIGNATURES COVERNIA MADISON, CA 30660 SIGNATURES	DOCUMENT # A9900000113									
Principal Place of Quarters MAINDOR, GR 30650 ANAING AND HANCOCK & WASHINGTON MADISOR, GR 30650 2. Principal Place of Quarters Suita, Apr. 4. 480. Suita, Apr. 4. 480. Suita, Apr. 4. 480. City & Sizes City & Sizes Coy	1. Entity Name							A) 500 A		
MAINCOR & WASHINGTON MADISON, CA 30650 MADISON, CA								04 APR 30	J PM 12:	15
HANCOCK & WASHINGTON MADISON, GA 30650 AMDISON, GA 30650 ADDITIONAL CONTROL OF THE PROPERTY	Dispinal Flora of Dustress Mailing Addrson						}	SECRETAR	Y OF STA	ATE.
MADISON, GA 30650 2. Principal Place of Business 3. Mailing Address Sulfo, Apt. #, etc. Sulfo, Apt. #, etc. Sulfo, Apt. #, etc. Sulfo, Apt. #, etc. City & State Committee of Status Desired 9. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY 2011 HAN'S STREET TALLAHASSEE, FL 32301-2525 Since Address (P.O. Box Number is Not Acceptable) City FL City & State Corporation of registered agent. Note 1. Name and Address of New Registered Agent Note City & Street Address (P.O. Box Number is Not Acceptable) City FL City City FL City City FL City & State City & FL City & State City & FL City City City FL City City City FL City City City FL City City FL City City City FL City City FL City City City FL City City City FL City City City FL City City City FL City City City FL City City FL City City FL City City City FL City City FL City City City FL City City FL City City FL City City City FL City City City FL City	1			•	TON		12	ILLAHAS:	see, FLUI	RIUA
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. G4202004 Chg-LP CR2E003 (10/03)										•
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. G4202004 Chg-LP CR2E003 (10/03)										
Coty & State City & State Special Country	2. Principal P	Place of Business	3. N	Mailing Address						
Space Spac	Suite, Apt.	#, etc.	S	Suite, Apt. #, etc.			04202004	Chg-LP	CR2E003 (10/03)
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Sineet Address (P.O. Box Number is Not Acceptable) Street	City & Stat	е		City & State				245	,	Applied For Not Applicable
Nome Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301-2525 8. The above named ently submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 8. Capital Contributions as Shown on record. \$50,000.00 10. Amount of Capital Contributions as Shown on record. \$50,000.00 10. Amount of Capital Contributions as Shown on record. \$50,000.00 10. Amount of Capital Contributions as Shown on record. \$60,000.00 10. Amount of Capital Contributions as Shown on record. \$70,000.00 10. Amount of Capital Contributions as Shown on record. \$70,000.00 11. Amount of Capital Contributions as Shown on record. \$70,000.00 12. AGENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: ADDRESS CHANGES ONLY 13. ADDRESS CHANGES ONLY BEACH MORESS GIT-ST-2P GOUNDATI NAME SIRET ADDRESS GIT-ST-2P DOCUMENT NA	Zip	Zip Country		Zip C		ntry	5. Certificate of Sta			
CORPORATION SERVICE COMPANY 1201 HAVS STREET TALLAHASSEE, FL 32301-2525 The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent. SIGNATURE The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent. DATE The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent. DATE SIGNATURE The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent. DATE SIGNATURE The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent. DATE ACREEDAL PARTITION THAT I applies Sentity Must be Recipted agent of the familiar with a management partner. SIGNATURE SIGNATURE The Process of Proces		6. Name and Address of Current Registered Agent					7. Name and Ad	ddress of New R	egistered Ager	ıt
Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301-2525 Street Address (P.O. Box Number is Not Acceptable) To by FL Zip Code 1. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 1. Cry FL Zip Code 1. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 1. Cry FL Zip Code 1. Cry FL	CORPORA	ATION SERVICE COMPANY	,			Name				
E. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions as Shown on record. A GENERAL PARTNER THAT Is A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER RHAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER RHORMATION 13. ADDRESS CHANGES ONLY DOCUMENT I ADDRESS CHANGES ONLY STREET ADDRESS CITY-ST-2P DOCUMENT I ADDRESS CHANGES ONLY STREET ADDRESS CITY-ST-2P DOCUMENT I ADDRESS CHANGES ONLY STREET ADDRESS CITY-ST-2P DOCUMENT I ADDRESS STREET ADDRESS CITY-ST-2P S	1201 HAY						P.O. Box Number i	s Not Acceptable	•)	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent. SIGNATURE 6. Capital Contributions 550,000.00 10. Amount of Capital Contributions as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 197000009985 INVESTIGATIONS 13. ADDRESS CHANGES ONLY 100004917 INVESTIGATIONS 1017-ST-2P 10004917 INVESTIGATIONS 1017-	TALLAHAS	SSEE, FL 32301-2525				_				
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent. SIGNATURE 6. Capital Contributions 550,000.00 10. Amount of Capital Contributions as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 197000009985 INVESTIGATIONS 13. ADDRESS CHANGES ONLY 100004917 INVESTIGATIONS 1017-ST-2P 10004917 INVESTIGATIONS 1017-		: :				City		······································		Zin Code
the obligations of registered agent. SIGNATURE 9. Cacinal Contributions as Shown on record. SDO,000.00 10. Amount of Capital Contributions as Shown on record. SDO,000.00 10. Amount of Capital Contributions as Shown on record. SDO,000.00 10. Amount of Capital Contributions as Shown on record. SDO,000.00 A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT I MAKE HOP'S CRILL & BAR, INC. HANCOCK & WASHINGTON CITY-ST-2P DOCUMENT I MAKE SIREET ADDRESS CITY-ST-2P DOCUMENT I MAKE SIRET ADDRESS CITY-ST-2P									FL	<u> </u>
Signesus imposed or printed name of registrated agent and titled registrated. 9. Capital Contributions as Shown on record. S50,000.00 10. Amount of Capital Contributions in FLORIDA to date. F50,000.00 12. AGENERAL PARTHER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 14. HOPS CRILL & BAR, INC. HANCOCK @ WASHINGTON MADISON, GA 30850 171'-S1-2P 1000UMBH / NAME SIREET ADDRESS CITY-S1-2P CITY-S1-2P 1000UMBH / NAME SIREET ADDRESS CITY-S1-2P CITY-S1-2P CITY-S1-2P CITY-S1-2P 1000UMBH / NAME SIREET ADDRESS CITY-S1-2P CIT			it for the pi	urpose of changing its	register	ed office or register	red agent, or both,	in the State of Flo	orida. I am famil	ar with, and accept
Signesus imposed or printed name of registrated agent and titled registrated. 9. Capital Contributions as Shown on record. S50,000.00 10. Amount of Capital Contributions in FLORIDA to date. F50,000.00 12. AGENERAL PARTHER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 14. HOPS CRILL & BAR, INC. HANCOCK @ WASHINGTON MADISON, GA 30850 171'-S1-2P 1000UMBH / NAME SIREET ADDRESS CITY-S1-2P CITY-S1-2P 1000UMBH / NAME SIREET ADDRESS CITY-S1-2P CITY-S1-2P CITY-S1-2P CITY-S1-2P 1000UMBH / NAME SIREET ADDRESS CITY-S1-2P CIT	SIGNATURE	: 								
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY P97000009985 HOPS GRILL & BAR, INC. HANCOCK @ WASHINGTON INME HOPS GRILL & BAR, INC. HANCOCK @ WASHINGTON MADISON, GA 30650 CITY-ST-ZP DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZP DOCUMENT / NAME SIRET ADDRESS CITY-ST-ZP DOCUMENT /					DATE ·					
A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / HANCOCK @ WASHINGTON MADISON, GA 30650 DITY-ST-ZPP DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZPP DOCUMENT / NA							0.00	\$ 4	L38.75	
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / INVESTIGATION STREET ADDRESS HOPS GRILL & BAR, INC. HANCOCK @ WASHINGTON GITY-ST-ZP DOCUMENT / INAME STREET ADDRESS GITY-ST-ZP		A GENERAL PARTNE	R THAT I	S A BUSINESS EN	TITY M	IUST BE REGIST	TERED AND AC	TIVE WITH TH	IS OFFICE.	
DOCUMENT / MAME STREET ADDRESS CITY-ST-ZIP HANCOCK @ WASHINGTON MADISON, GA 30650 CITY-ST-ZIP DOCUMENT / MAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / MAME	12.				_		nt must be filed			<u></u>
HOPS GRILL & BAR, INC. HANCOCK @ WASHINGTON CITY-ST-ZIP DOCUMENT / NAME SIRRET ADDRESS CITY-ST-ZIP DOCUMENT / N	DOCUMENT /					EET ADDRESS				
CITY-ST-ZIP MADISON, GA 30650 DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP THE PROPOSED STREET ADDRESS CITY-ST-ZIP THE PROPOSED STREET ADDRESS CITY-ST-ZIP THE PROPOSED STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP THE PROPOSED STREET ADDRESS CITY-ST-ZIP THE		HOPS GRILL & BAR, INC.			Sini	EET ADDRESS				Barb
NAME SIRET ADDRESS CITY-ST-ZP DOCUMENT / NAME SIRET ADDRESS CITY-ST-ZP DOCUMENT / NAME SIRET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP DOCUMENT / NAME SIRET ADDRESS CITY-ST-ZP DOCUMENT / NAME SIRET ADDR		, -			CITY	'-ST-ZIP	8 5/1 4/	04 - 010 05	- 001 *	* 12171.25
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST	l .			<u> </u>	STRI	EET ADDRESS				
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does-flot quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signifactive shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership on the receiver or trustee empowered to execute the report as required by Chapter 620, Prorida Statutes SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does-flot quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my significative shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute the report as required by Chapter 620, Prorida Statutes	STREET ADDRESS	,		•	CiTY	r-ST-ZIP	10	 0036:	28160]
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP Take the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620, Prorida Statutes SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT /	DOCUMENT #				STR	EET ADDRESS	 05/14/	'0401:00 5	001 *	* 12171.25
CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my significate shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute by report as required by Chapter 620, Florida Statutes SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP LIVER ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP LIVER ADDRESS CITY-ST-ZIP LIVER ADDRESS CITY-ST-ZIP LIVER ADDRESS CITY-ST-ZIP LIVER ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP LIVER ADDRESS CIT	1				1	 - -				
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my significative shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Portical Statutes SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signification stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signification stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signification stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signification stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signification stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signification stated in Section 119.07				· · · · · · · · · · · · · · · · · · ·	CITY	1-S1-ZIP				
CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my significative shall have the same legal effect as if made under cath; that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620, Prerida Statutes SIGNATURE SIGNATURE CITY-ST-ZIP CITY-S	NAME	:			STR	EET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my significate shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620, Provida Statutes SIGNATURE STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my significative by Chapter 620, Provida Statutes SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my significative by Chapter 620, Provida Statutes SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CITY	Y-ST-ZIP				
CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signific shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620, Prerida Statutes SIGNATURE SIGNATURE OUTY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signification by Chapter 620, Prerida Statutes SIGNATURE SIGNATURE OUTY-ST-ZIP	NAME				STRI	EET ADDRESS			· ·	
NAME SIREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620, Provide Statutes SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620, Provide Statutes. SIGNATURE SIGNATURE 15. The receiver of the limited partnership of the limited partnersh		:			City	r-ST-ZIP				
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my significate shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620, Provida Statutes SIGNATURE SIGNATURE O 4 (706) 343-2092		#			STR	EET ADDRESS		. — -		19
SIGNATURE: 1 (706) 343-2092	CITY-ST-ZIP									
SIGNATURE: 1 (706) 343-2092	14. I hereby of indicated the received	certify that the information supplied of the certify that the information supplied to execute or trustee empowered to execute	with this fil and that m a this repo	ing does not qualify for y signature shall have n as required by Chan	the exe the sam ter 620.	emption stated in Se e legal effect as if r Porida Statutes	ection 119.07(3)(i), made under oath; th	Florida Statutes. nat I am a Genera	I further certify that Partner of the I	nat the information limited partnership or
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Dayline Phone #		//_//				1) ,	. 1	1	(_	
	SIGNAT	URE:	D OR PRINTE	D NAME OF SIGNING GENERA	AL PARTN	ercy Will	lams 4/21	рате	(706)34 Daytime	-3-2092 Phone #