


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
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	
1. Name of Limited Partnership LEHIGH ACRES TOWN CENTER ASSOCIATES, L.P., LTD.		1a. DOCUMENT # B93000000031	
Mailing Address 7 PIEDMONT CENTER 3525 PIEDMONT ROAD, N.E., SUITE 150 ATLANTA GA 30305		Principal Office Address 7 PIEDMONT CENTER 3525 PIEDMONT ROAD, N.E., SUITE 150 ATLANTA GA 30305	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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3. Date Formed or Registered 01/27/1993	5a. Capital Contributions as Shown on record \$400.00
3a. Date of Last Report 03/13/1998	5b. Amount of Capital Contributions in FLORIDA to date 400.00
4. State or Country of Formation GA	6. FEI Number 58-2031369
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SCHEU, WILLIAM E ESQ. 200 WEST FORSYTH STRET, SUITE 1600 JACKSONVILLE FL 32201	10. If changed, new Registered Agent/Office Name: SAME Street Address (P.O. Box Number Is Not Acceptable): Suite, Apt. #, etc.: City: FL
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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) GIPSON, JOHN H	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7 PIEDMONT CENTER, SU	11b. City, State & Zip Code ATLANTA GA 30305	11c. Registration/Document Number 4-14
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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

DATE

Typed or Printed Name of General Partner Signing Form

John H. Gipson

Daytime Telephone Number

404-231-1621

CR2E003 (8/98)