


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # B93000000187	
FOW MANAGEMENT COMPANY, LIMITED PARTNERSHIP			
Mailing Address 530 OAK COURT DRIVE, #300 MEMPHIS TN 38117		Principal Office Address 530 OAK COURT DRIVE, #300 MEMPHIS TN 38117	
2. Mailing Address 100 PEABODY PL STE 1400 Suite, Apt. #, etc.		2a. Principal Office Address 100 PEABODY PL STE 1400 Suite, Apt. #, etc.	
City & State MEMPHIS TN		City & State MEMPHIS TN	
Zip Country 38103		Zip Country 38103	
3. Date Formed or Registered 04/28/1993		5a. Capital Contributions as Shown on record. \$97.00	
3a. Date of Last Report 09/30/1996		5b. Amount of Capital Contributions in FLORIDA to date -	
4. State or Country of Formation TN		6. FEI Number 62-1532677	
7. Certificate of Status Desired <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 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
REI, INC. D/B/A REI-TENNESSE	530 OAK COURT DRIVE, 100 PEABODY PL STE 1400	MEMPHIS TN 38117 26183 600002400376-0 -01/14/98--01099--008 ****156.25 ****156.25	F93000002009 KWIA
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 _____ Typed or Printed Name of General Partner Signing Form: JAMES P. WILLIAMS VP REI		DATE 12/22/90 Daytime Telephone Number (901) 767-4780	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 29 AM 9:41



CP-25003 (6/97)