

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 17 PM 12:12

1. Name of Limited Partnership

1a. DOCUMENT #
B94000000351

GARDEN HILLS, L.P. LIMITED



Mailing Address

600 WEST PEACHTREE STREET, SUITE 1850
ATLANTA GA 30308

Principal Office Address

C/O DAVID H. COFRIN
50 HURT PLAZA, SUITE 900
ATLANTA GA 30303

3. Date Formed or Registered

08/30/1994

5a. Capital Contributions as
Shown on record.

\$225,000.00

3a. Date of Last Report

12/26/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

GA

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

58-2126991

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. If changed, now 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)

THE SIMPSON ORGANIZATION, IN

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

600 WEST PEACHTREE ST

11b. City, State & Zip Code

ATLANTA GA 30308

11c. Registration/
Document Number

F94000003075

300002352333-2
-11/13/97-01003-007
****541.25 ****541.25

[Handwritten Signature]

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

11/13/97

Typed or Printed Name of General Partner Signing Form

A. Boyd Simpson, President

Daytime Telephone Number

404-872-3990

CP25003 (5/97)