## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED 98 DEC -9 PM 3: 32 FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP Sandra B. Mortham ANNUAL REPORT SECRETARY OF STATE ALLAHASSEE, FLORIDA Secretary of State 1999 DIVISION OF CORPORATIONS DOCUMENT # 1. Name of Limited Partnership B95000000135 WEEKS REALTY, L.P., A GEORGIA LIMITED PARTNERSHIP 3. Date Formed or Registered 5a. Capital Contributions as Shown on record. Mailing Address Principal Office Address 04/13/1995 4497 PARK DRIVE 4497 PARK DRIVE \$15,000,000.00 NORCROSS GA 30093 NORCROSS GA 30093 38. Date of Last Report 09/29/1997 5b. Amount of Capital Contributions in FLORIDA 4. State or Country of Formation to date: 2. Mailing Address 2a. Principal Office Address GA Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For Not Applicable 58-2121388 City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Zio Zio Country Country 8 Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office YERGLER, JON C Street Address (P.O. Box Number is Not Acceptable) C/O LOWNDES, DROSDICK, ET AL 215 NORTH EOLA DRIVE Suite, Apt. #. etc. ORLANDO FL 32802 City 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. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11c. 11. Name(s) of General Partner(s) 11b. City, State & Zip Code Document Numbe CR2E003 (8/98) WEEKS GP HOLDINGS, INC. 4497 PARK DRIVE NORCROSS GA 30093 F96000005575 \*\*\*\*450.00 \*\*\*\*300.00 300002716233--5 -12/18/\$8--01071--010 \*\*\*\*235.00

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

empowered to execute this report as required by chapter 620, Florida Statutes.

By: Weeks GP\_Holdings, Inc., sole general partner of Weeks Realty, L.P.

Typed or Printed Name of General Partner Signing Form ELIZABETH C. BELDEN

SIGNATURE

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 cath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Daytime Telephone Number 770-717-3224

10/28/98

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