


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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 22 PM 2:16	
1. Name of Limited Partnership		1a. DOCUMENT # B95000000184			
FCD-BONITA BAY PLAZA LIMITED PARTNERSHIP					
Mailing Address 121 WEST TRADE ST. 1900 INTERSTATE TOWER, ATTN: LEGAL DEPT CHARLOTTE NC 28202-5399		Principal Office Address C/O JOHN M. JOYCE 225 E ROBINSON ST., STE. 500 ORLANDO FL 32801		3. Date Formed or Registered 05/25/1995	
2. Mailing Address 121 W TRADE STREET SUITE 2550 CHARLOTTE, NC 28202 USA		2a. Principal Office Address 121 W TRADE STREET SUITE 2550 CHARLOTTE, NC 28202 USA		3a. Date of Last Report 10/01/1997	
				4. State or Country of Formation NC	
				5a. Capital Contributions as Shown on record. \$100.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
				6. FEI Number 56-1941405 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$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 JOYCE, JOHN M. 225 E ROBINSON ST. SUITE 500 ORLANDO FL 32801			10. If changed, new Registered Agent/Office Corporation Service Company 1201 Hays Street Tallahassee FL 32301 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) <u>Frederick C. Collins</u> DATE <u>12-4-98</u>					
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	
FAISON CAPITAL DEVELOPMENT,		121 WEST TRADE ST.		CHARLOTTE NC 28202-53	
				F92000000164	
				3000002738699--5 -01/12/99--01090--008 ****141.25 ****141.25	
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 <u>Diane K. Hunter</u> ASSISTANT SECRETARY <u>Faison Capital Development Inc</u> DATE <u>12/17/98</u>					
Typed or Printed Name of General Partner Signing Form <u>Diane K. Hunter</u> Daytime Telephone Number <u>704-331-2500</u>					

CR2E003 (8/98)