FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

Suite, Apt. #, etc.

City & State

Zip

B9500000361

SILVERLEAF SUITES - KIRKMAN, L.P. (LTD.) 3. Date Formed or Registered Capital Contributions as Shown on record. Mailing Address Principal Office Address 10/10/1995 6640 POWERS FERRY ROAD. SUITE 200 6640 POWERS FERRY ROAD, SUITE 200 \$1,250,000,00 ATLANTA GA 30339 ATLANTA GA 30339 11/30/1995 **5b.** Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address GA

Suite, Apt. #, etc.

City & State

Zip

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office			
C T CORPORATION SYSTEM	Name			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Street Address (P.O. Box Number Is Not Acceptable)			
	Suite, Apr. #, etc.			
	City FL Zip Code			

Country

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) _

Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

7. Certificate of Status Desired

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

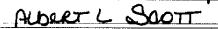
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Document Number		
THE STONEMARK GROUP, INC.	6640 POWERS FERRY ROA	ATLANTA GA 30339	F95000004893		
		300002 -01/23 *****	0654031 9/9701006003 9/8.25 ****576.25		
,			110.20		

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

\sim 1.	~	k I	Λ-	TI.	11		r
SI	. 71	N	А	ΓL	и	- 1	r

Typed or Printed Name of General Partner Signing Form



FILED

97 JAN 15 PM 2: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Applied For Not Applicable

\$8.75 Additional Fee Required

_
96/9
38
Ñ
8