

**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 DEC 31 PM 1:55

1. Name of Limited Partnership

1a. DOCUMENT #  
**B95000000391**

**BRANCH/HOP ASSOCIATES, L.P. LIMITED PARTNERSHIP**



Mailing Address

C/O BRANCH AND ASSOCIATES  
1201 PEACHTREE STREET, NE SUITE 1600  
ATLANTA GA 30361

Principal Office Address

C/O BRANCH AND ASSOCIATES  
1201 PEACHTREE STREET, NE SUITE 1600  
ATLANTA GA 30361

3. Date Formed or Registered

11/02/1995

5a. Capital Contributions as Shown on record.

\$690,000.00

3a. Date of Last Report

12/17/1996

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

\$690,000

4. State or Country of Formation

GA

2. Mailing Address

C/O Regency Retail Pk, L.P.

Suite, Apt. #, etc.

121 W. Forsyth Suite 200

City & State

Jacksonville FL 32

Zip

Country

32202

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

58-2200006

☐ 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

~~GT CORPORATION SYSTEM~~  
~~1200 SOUTH PINE ISLAND ROAD~~  
~~PLANTATION FL 33324~~

10. If changed, new Registered Agent/Office

Name

F&L Corp

Street Address (P.O. Box Number Is Not Acceptable)

200 Laura Street

Suite, Apt. #, etc.

City

Jacksonville

FL

Zip Code

32202

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)

~~BRANCH PROPERTIES, L.P.~~

Regency Retail Partnership, L.P.

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

~~1201 PEACHTREE STREET~~

121 W. Forsyth St 200

11b. City, State & Zip Code

~~ATLANTA GA 30361~~

Jacksonville, FL 32202

11c. Registration/Document Number

~~B95000000390~~

B97000000103

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\*\*\*3221.75 \*\*\*54.25

dec 54.25

**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

DATE December 29, 1997

Typed or Printed Name of General Partner Signing Form **Bruce M. Johnson**

Daytime Telephone Number **904-351-0604**

CR2E003 (6/97)