

**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

Principal Office Address

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

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

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*C/O Regency Retail Ptp L.P.*  
*121 W. Forsyth Suite 200*

City & State

City & State

*Jacksonville FL 32*

Zip Country

Zip Country

*32202*

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

10. If changed, new Registered Agent/Office

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

Name

*F&L Corp*

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

*200 Laura Street*

Suite, Apt. #, etc.

City

*Jacksonville*

Zip Code

*FL 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)

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

11b. City, State & Zip Code

11c. Registration/Document Number

~~BRANCH PROPERTIES, L.P.~~

*Regency Retail Partnership L.P.*

~~1201 PEACHTREE STREET~~

*121 W. Forsyth St 200*

~~ATLANTA GA 30361~~

*Jacksonville, FL 32202*

~~B95000000390~~

*B97000000103*

*800002389218-7*

*-01/05/98-01002-020*

*\*\*\*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)