

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL -9 PM 1:12



B96000000190

1. Name of Limited Partnership
HEBEL SOUTHEAST, L.P. LIMITED

1a. DOCUMENT #
B96000000190

Mailing Address **J. PHIL JONES**
JOHN J. MASTERS, ASST SECY.
3340 PEACHTREE RD. NE. STE. 150
ATLANTA GA 30326

Principal Office Address **J. PHIL JONES**
JOHN J. MASTERS, ASST SECY.
3340 PEACHTREE RD. NE. STE. 150
ATLANTA GA 30326

3. Date Formed or Registered
05/30/1996

5a. Capital Contributions as Shown on record.
\$5,000,000.00

3a. Date of Last Report

4. State or Country of Formation
GA

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

2. Mailing Address
6600 HIGHLANDS PARKWAY
Suite, Apt. #, etc.
SUITE C

2a. Principal Office Address
6600 HIGHLANDS PARKWAY
Suite, Apt. #, etc.
SUITE C

City & State
SMYRNA, GEORGIA
Zip Country
30082

City & State
SMYRNA, GEORGIA
Zip Country
30082

6. FEI Number
☒ 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
C T CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
700002236077--3
Suite, Apt. #, etc.
-07/11/97--01070--020
City
*****1041.25 ***1041.25**
FL

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
HEBEL SOUTHEAST MANAGMENT CO	XXXXXX 6600 HIGHLANDS PKWY	ATLANTA GA 30326 SMYRNA, GA 30082	F96000002623

REINSTATEMENT 97
AL 7-9

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 _____
Typed or Printed Name of General Partner Signing Form **PHIL JONES** Daytime Telephone Number **(770) 308-1500**

CR2E003 (6/96)