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

99 JAN -6 AM 11:23

1. Name of Limited Partnership

1a. DOCUMENT # B96000000190

HEBEL SOUTHEAST, L.P. LIMITED

Mailing Address
J. PHIL JONES. ASST SECY.
6600 HIGHLANDS PARKWAY. SUITE C
SMYRNA GA 30082

Principal Office Address
J. PHIL JONES. ASST SECY.
6600 HIGHLANDS PARKWAY. SUITE C
SMYRNA GA 30082

2. Mailing Address
Suite, Apt #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt #, etc
City & State
Zip Country

3. Date Formed or Registered
05/30/1996

3a. Date of Last Report
12/01/1997

4. State or Country of Formation
GA

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

5b. Amount of Capital Contributions in FL to date
-0-

6. FEI Number
58-2057886
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to Dept. of State (See instructions for further information) 150.00

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)
Suite, Apt #, etc
City 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) 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	6600 HIGHLANDS PARKWA	SMYRNA GA 30082	F96000002623

-02/09/99--01120--015
****150.00 ****150.00

CR2E022 (8/98)

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 made and 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 For Hebel Southeast Management Corp Date 12/9/98

Typed or Printed Name of General Partner Signing Form J Philip Jones For Hebel Southeast Management Corp Daytime Telephone Number 770-319-1505