


FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

FILED

97 APR 14 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership CHARTER CLUB G.P., L.P.		1a. DOCUMENT # B96000000360 97-AR CM	



Mailing Address 1117 PERIMETER CENTER W., SUITE E-300 ATLANTA GA 30338		Principal Office Address 1117 PERIMETER CENTER W., SUITE E-300 ATLANTA GA 30338		3. Date Formed or Registered 09/18/1996	5a. Capital Contributions as Shown on record. \$600.00
2. Mailing Address 800 NT VERNON HIGHWAY Suite, Apt. #, etc. 350 City & State ATLANTA, GEORGIA Zip 30328		2a. Principal Office Address 800 NT VERNON HIGHWAY Suite, Apt. #, etc. STE 350 City & State ATLANTA, GA Zip 30328		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
				4. State or Country of Formation GA	
				6. FEI Number Applied for	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired	<input type="checkbox"/> \$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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) CHARTER, G.P., L.L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1117 PERIMETER CENTER	11b. City, State & Zip Code ATLANTA GA 30338	11c. Registration/ Document Number M96000000355
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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 3.25.97

Typed or Printed Name of General Partner Signing Form

KELLY T. LINDSLEY

Daytime Telephone Number

770-522-5775