

**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
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FILED
 02 JAN 28 PM 4:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. Name of Limited Partnership CHARTER CLUB G.P., L.P.	1a. DOCUMENT # B96000000360
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Mailing Address 2160 650 W. GEORGIA ST. VANCOUVER. B.C. V6B 4N7	Principal Office Address 800 MT. VERNON HIGHWAY SUITE 350 ATLANTA GA 30328	3. Date Formed or Registered 09/18/1996	5a. Capital Contributions as Shown on record \$600.00
		3a. Date of Last Report 05/11/1998	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation GA	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 75-2669194 APPLIED FOR	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable.
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country	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.

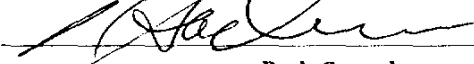
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**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) 5605 GLENRIDGE DR., #	11b. City, State & Zip Code ATLANTA GA 30342	11c. Registration/Document Number M96000000355 500002767045--9 --02/08/99--01019--018 ****141.25 ****141.25 T.J.C. FEB - 1 1999
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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 **27-Jan-99**
 Typed or Printed Name of General Partner Signing Form **Rod Saunders** Daytime Telephone Number **(604) 687-1919**

CRZE003 (8/98)