

DOCUMENT #		B96000000487	
1. Entity Name			
WORTHINGTON APARTMENTS LIMITED PARTNERSHIP			
Principal Place of Business		Mailing Address	
3190 NORTHEAST EXPRESSWAY, SUITE 300 ATLANTA GA 30341		3190 NORTHEAST EXPRESSWAY, SUITE 300 ATLANTA GA 30341-5323	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for change of office or agent.)</small>			
9. Capital Contributions as Shown on record.		\$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED IN FLORIDA. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed.			
12. GENERAL PARTNER INFORMATION			
DOCUMENT #	F96000006318		
NAME	DB GENERAL PARTNER, INC.		
STREET ADDRESS	3190 NORTHEAST EXPRESSWAY, SUITE 300		
CITY - ST - ZIP	ATLANTA GA 30341		
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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DOCUMENT #			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 601.21, Florida Statutes, because the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if I were the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE:		SUDAT BONE President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

SIGNATURE: SILVANO BENE AFFIDATARIO General Partners 3/16/00 770 454-7325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #