FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND $500 PENALTY FEE

Pd #526.25 # 1127

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership
BAY FRONT PARTNERS, L.P.

1a. DOCUMENT #
B96000000509

Mailing Address
3350 PEACHTREE RD., N.E., STE. 1150
ATLANTA GA 30326

Principal Office Address
3350 PEACHTREE RD., N.E., STE. 1150
ATLANTA GA 30326

2. Mailing Address: 4291 Royal Mustang WAY
Suite, Apt. #, etc
City & State: Lithonia, GA.
Zip: 30058 Country: USA

2a. Principal Office Address: 4291 Royal Mustang Way
Suite, Apt. #, etc
City & State: Lithonia, GA
Zip: 30058 Country: USA

3. Date Formed or Registered: 10/03/1996
3a. Date of Last Report: 01/06/1998
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record: $800,000.00
5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number: 58-2250935 ☐ 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
TRUJILLO, MARIO
3201 58TH STREET SOUTH
GULF PORT FL 33707

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
BAY FRONT MANAGEMENT, LLC	~~3350 PEACHTREE ROAD,~~ 4291 Royal Mustang Way	~~ATLANTA GA 30326~~ Lithonia GA 30058	M96000000387

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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: [signature], Manager / G.P. DATE: 3/1/99

Typed or Printed Name of General Partner Signing Form: MARIO TRUJILLO Daytime Telephone Number: 770 736 8626

CR2E003 (12/98)

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