FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

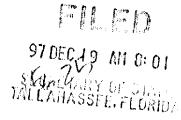
LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS



1. Name of Limited Partnership	B9700000122		# \$20 \$34 \$45 \$450 \$450 \$450 \$450 \$450 \$450 \$450	
COLUMBIA LAKE CITY LIMITED PARTNERSHIP				
				9612/26
Malling Address	Principal Offico Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.
ONE PARK PLAZA NASHVILLE TN 37203	ONE PARK PLAZA NASHVILLE TN 37203		02/26/1997 38. Date of Last Report	\$1,000.00
				5b. Amount of Capital Contributions in FLORIDA
2. Malting to Gress Box 1750	2a. Principal Office Address		4. State or Country of Formation DE	to date:
Suite, Apt. #, etc. City & Stato	Suite, Apt. #, etc. City & State		6. FEI Number 167933	Applied For Not Applicable
Nashwille IN	, in the second		7. Cortificate of Status Desired	\$8.75 Additional Fee Required
Zip 37202 Country USA	Zip C	ountry	8. Make check payablo to: Dept. of S	Fee Required State (See reverse side for fee Information)
9. Name and Address of Current	Registered Agent		10. If changed, new Registered	Agent/Office
THE PRENTICE-HALL CORPORATION SYST		Name	10, 11 orangeo, new riegistered	Agonyonice
1201 HAYS STREET		Street Address (P.O. Box Number Is Not Acceptable)		
TALLAHASSEE FL 32301		Suite, Apt. #, etc.		
		City Zip Code		FL Zip Code
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or regent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	egistored agent, or boll, in the State of Florida of section 620.192, Florida Statutes.	a. Such change was a	uthorized by its general partner(s). I hereb	State of Florida, submits this statement by accept the appointment of registered
A GENERAL PARTNER THAT MUST	BE REGISTERED AND	ACTIVE W	TH THIS OFFICE.	T DOSINESS ENTITY
11. Name(s) of General Partrior(s)	11a. Address of Each General P. (Do NOT Use Post Office Box N	artner (umbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number
COLUMBIA LAKE CITY MANAGEMEN ONE PARK PLAZA		NA	SHVILLE TN 37203	M97000000102
y			-12/30/3	8856749 9701044007 5.25 ****156.25
с				
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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 it made under eath. 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 ...

Typed or Printed Name of General Partner Signing Form

DATE 12-8-97
Daytime Telephone Number 45 344 2442