

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC -9 PM 2:21

1. Name of Limited Partnership

1a. DOCUMENT #
B97000000567

WEEKS TRADEPORT LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

ATTN: GENERAL COUNSEL
4497 PARK DRIVE
NORCROSS GA 30093

ATTN: GENERAL COUNSEL
4497 PARK DRIVE
NORCROSS GA 30093

3. Date Formed or Registered

10/23/1997

5a. Capital Contributions as Shown on record.

\$3,960,000.00

3a. Date of Last Report

12/01/1997

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

GA

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number **58-2359775** Applied For
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

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name **Jon C. Yergler**
Street Address (P.O. Box No. is Not Acceptable) **C/O Lowmies, Drosick, et al.**
Suite, Apt. #, etc. **215 North Eola Drive**
City **Orlando,** State **FL** Zip Code **32804**

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) *Jon C. Yergler*

DATE **11/6/98**

**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

WEEKS DEVELOPMENT PARTNERSHI

4497 PARK DRIVE

NORCROSS GA 30093

GP9700000517

600002710696--6--
-12/11/98--01103--002
***535.00 ***535.00

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. **By: Weeks Realty Services, Inc., Managing Partner of Weeks Development Partnership, general partner of Weeks Tradeport Limited Partnership**

SIGNATURE *Elizabeth C. Belden*

DATE **10/25/98**

Typed or Printed Name of General Partner Signing Form **ELIZABETH C. BELDEN**

Daytime Telephone Number **770-717-3226**

CR2E003 (8/98)