## FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

FORT AUSTIN LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

1a. DOCUMENT # **B97000000700** 

FILELI SECRETARY OF STATE DIVISION OF CORPORATIONS

98 APR - 6 PH 3: 45



Mailing Address Principal Office Address  111 WESTWOOD PLACE. SUITE 402 BRENTWOOD TN 37027  111 WESTWOOD PLACE. SUITE 402 BRENTWOOD TN 37027  38. Date of Lest Report  4. State or Country of Formation TX  Suite, Apt. #, etc.  City & State  Cuty & State  Cuty & State  Cuty & State  TO Country  T	1 WESTWOOD PLACE. SUITE 402	
2. Malling Address  2a. Principal Office Address  TX  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  TX  Country  Applied F Not Applied  7. Certificate of Status Desired  8. Make check payable to: Dept. of State (See reverse side for feet in the State of Status See Fix State (See reverse side for feet in the State of Status See Fix State (See reverse side for feet in the State of Status See Fix State (See reverse side for feet in the State of Status See Fix State (See reverse side for feet in the State of Status See Fix State (See reverse side for feet in the State of State See Fix State (See reverse side for feet in the State See Fix		
Zip Country  Zip Country  7. Certificate of Status Desired  \$8.75 Adc Fee Requi  8. Make check payable to: Dept. of State (See reverse side for fee i  9. Name and Address of Current Registered Agent  NRAI SERVICES, INC.  526 E. PARK AVENUE  TALLAHASSEE FL 32301  Silte. Apt. 4, etc.  City  FL  Zip Code  108. 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 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 agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE	ite, Apt. #, etc.	
NRAI SERVICES, INC.  528 E. PARK AVENUE  TALLAHASSEE FL 32301  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  City  FL  Zip Code  Total 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 for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE		
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 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 agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)	NRAI SERVICES, INC. 526 E. PARK AVENUE	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN	for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation INATURE (Registered Agent Accepting Appointment).	
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.	MUS	
11. Name(s) of General Partner(s)  ARC FORT AUSTIN PROPERTIES,  111 WESTWOOD PLACE, S  BRENTWOOD TN 37027  F97000006786  112. Name(s) of General Partner(s)  115. City. State & Zip Code  116. Document No.  117. Progratation of General Partner(s)  118. City. State & Zip Code  119. Document No.  110. State & Zip Code  110. Progratation of General Partner(s)  110. City. State & Zip Code  110. Progratation of General Partner(s)  111. Name(s) of General Partner(s)  112. Progratation of General Partner(s)  113. City. State & Zip Code  114. Progratation of General Partner(s)  115. City. State & Zip Code  116. Progratation of General Partner(s)  116. Progratation of General Partner(s)  117. Progratation of General Partner(s)  118. City. State & Zip Code  119. City. State & Zip Code  110. Progratation of General Partner(s)  119. City. State & Zip Code  110. Progratation of General Partner(s)  110. City. State & Zip Code  110. Progratation of General Partner(s)  110. City. State & Zip Code  110. Progratation of General Partner(s)  110. City. State & Zip Code  110. Progratation of General Partner(s)  110. City. State & Zip Code  110. Progratation of General Partner(s)  111. WESTWOOD PLACE, S  111. WESTWOOD TN 37027  F97000006786  112. Progratation of General Partner(s)  113. Progratation of General Partner(s)  114. Progratation of General Partner(s)  115. Progratation of General Partner(s)  116. Progratation of General Partner(s)  117. Progratation of General Partner(s)  118. Progratation of General Partner(s)  119. Progratation of General Partner(s)  110. Progratation of General Partner(s)  110. Progratation of General Partner(s)  1110. Progratation of General Partner(s)  1110. Progratation of General Partner(s)  1110. Progratation of General Partner(s)  1120. Progratation o		
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general part 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		

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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee