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

1. Name of Limited Partnership

1a. DOCUMENT # B97000000700 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC -7 AM 9: 56

| FORT AUSTIN LIMITED PARTNERSHIP | | | | |
|---|--|---|---|---|
| Mailing Address | Principal Office Address | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. |
| 111 WESTWOOD PLACE. SUITE 402 BRENTWOOD TN 37027 | 111 WESTWOOD PLACE. SUITE 402 BRENTWOOD TN 37027 | | 12/22/1997 3a. Date of Last Report 04/06/1998 | \$2,000,000.00 |
| | | | 4. State or Country of Formation | 5b. Amount of Capital Contributions in FLORIDA to date: |
| 2. Mailing Address | 2a. Principal Office Address | | TX | \$5,000,000 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. FEI Number | Applied For |
| City & State | City & State | | 62-1607778 | Not Applicable |
| Zip Country | Zīp Co | untry | 7. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | y | 8, Make check payable to: Dept. of S | State (See reverse side for fee Information) |
| 9. Name and Address of Current Registered Agent | | | 10. If changed, new Registered Agent/Office | |
| NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301 | | Name | | |
| | | Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. | | |
| | | | | |
| | | | | FL |
| 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. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) | | | | |
| 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) | Address of Each General Pa (Do NOT Use Post Office Box No | rtner umbers) 11b. | City, State & Zip Code | 11c. Registration/ Document Number |
| ARC FORT AUSTIN PROPERTIES, | 111 WESTWOOD PLACE, S | BRE | ENTWOOD TN 37027 | F97000006786 |
| | | | 2000027 -12/11/9 *****S2 | 1097029 9801005018 96.25 ****526.25 |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Ido 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 cath. 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