## 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

Zic

**DOCUMENT#** B98000000133

FILED 98 DEC -9 PM 3:32 SECRETARY OF STATE TALLAHASSER, FLORIDA

7. Certificate of Status Desired

\$8.75 Additional Fee Required

9-95/GLOBAL	LIMITED	PARTNER	RSHIP	

City & State

Zip

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Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
4497 PARK DRIVE	4497 PARK DRIVE	03/03/1998	<b>\$7,000,000,00</b>
NORCROSS GA 30093	NORCROSS GA 30093	3a. Date of Last Report	\$7,099,929.00
			5b. Amount of Capital
		4. State or Country of Formation	Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	·	
		GA	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number	h Di Anning For
		<u>58-237504</u>	Applied For Not Applicable
City & State	City & State		t 🔾 🚾 Not Applicable

	8. Make check payable to: Dep	ot, of State (See reverse side for fee information)
9. Name and Address of Current Registered Agent	10. If changed, new Regis	stered Agent/Office
YERGLER, JON C % LOWNDES DROSDICK DOSTER KANTOR & REED	Name Street Address (P.O. Box Number Is Not Acceptable)	
215 NORTH EOLA DRIVE ORLANDO FL 32801	Suite, Apt. #, etc.	V.D
O.B. 1150 1 E 02001	City	FL Zip Code

Country

10a. Pursuant to the provisions of sections 820.1051 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)

Country

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. (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number			
WEEKS P-95, LLC	4497 PARK DRIVE	NORCORSS GA 30093	M98000000199			
		-12/18/	71(:2471 /9801071012			
; ;		7000021	\$.00 ****385.00   7162471			
4.		-12/18/ ****15	' <del>3</del> 801071 <i></i> 013			

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 filling 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 By smaller the GP Holdings and Tricols of Seneral partner of Weeks Realty, L.P., sol Weeks P-95, LLC, general partner of P-95/Global Limited Partnership SIGNATURE sole member of

SIGNATURE 10/28/98