

**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 OCT 26 AM 9:07

*10/28*

1. Name of Limited Partnership

1a. DOCUMENT #  
**B98000000420**

FOM ST. AUGUSTINE LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

100 PEABODY PLACE, SUITE 1400  
MEMPHIS TN 38103

100 PEABODY PLACE, SUITE 1400  
MEMPHIS TN 38103

3. Date Formed or Registered

06/26/1998

5a. Capital Contributions as Shown on record.

\$1,000.00

3a. Date of Last Report

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

0-

4. State or Country of Formation

TN

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

62-1733493

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

DATE

**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)

FOMSA INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

100 PEABODY PLACE, SU

11b. City, State & Zip Code

MEMPHIS TN 38103

11c. Registration/Document Number

F98000003660

000002675880-- 5  
-10/29/98--01074--008  
\*\*\*\*141.25 \*\*\*\*141.25

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.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

*Jimmie D. Williams*  
Jimmie D. Williams

Daytime Telephone Number

*9/15/98*  
(901) 260-7270

CR2E003 (8/98)