

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02 1999 8:00 am  
Secretary of State



1. Name of Limited Partnership <b>BLOOMINGDALE ASSOCIATES OF GEORGIA, LIMITED PART NERSHIP</b>		1a. DOCUMENT # <b>B98000000453</b>	
Mailing Address <b>3190 NORTHEAST EXPRESSWAY, SUITE 400 ATLANTA GA 30341</b>		Principal Office Address <b>3343 PEACHTREE ROAD, SUITE 1600 ATLANA GA 30326</b>	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered <b>07/13/1998</b>		5a. Capital Contributions as Shown on record <b>\$15,000.00</b>	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date <b>\$ 15,000.00</b>	
4. State or Country of Formation <b>GA</b>		6. FEI Number <b>58-2402445</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code	
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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) <b>HARBOR INVESTMENTS, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>3190 NORTHEAST EXPRES</b>	11b. City, State & Zip Code <b>ATLANTA GA 30341</b>	11c. Registration/ Document Number <b>F98000003957</b>
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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

Daytime Telephone Number

**HARBOR INVESTMENTS INC  
FLEMING KEEFE, PRESIDENT**

**770-455-6053**

CR2E003 (12/98)