

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 99 FEB 23 AM 11:09

<b>1. Name of Limited Partnership</b> Atlantic Gardens, L.P.	<b>1a. DOCUMENT #</b> B98000000566
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500002785655-3  
 -02/24/99--01086--011  
 \*\*\*\*150.00 \*\*\*\*150.00

<b>Mailing Address</b> 813 Northshore Drive Suite 201 Knoxville, TN 37919	<b>Principal Office Address</b> 813 Northshore Drive Suite 201 Knoxville, TN 37919	<b>3. Date Formed or Registered</b> 9-18-98	<b>5a. Capital Contributions as Shown on record</b> 990.00
<b>2. Mailing Address</b>		<b>3a. Date of Last Report</b> N/A	<b>5b. Amount of Capital Contributions in FLORIDA to date</b> 990.00
<b>2a. Principal Office Address</b>		<b>4. State or Country of Formation</b> Tennessee	<b>6. FEI Number</b> 62-1752479
Suite, Apt. #, etc	Suite, Apt. #, etc	<b>7. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	<b>8. Make check payable to Dept. of State (See reverse side for fee information)</b>	<b>88.75 Additional Fee Required</b>
Zip	Country	Zip	Country

<b>9. Name and Address of Current Registered Agent</b> Mark A. Reinsch, Esquire 200 W. Forsyth Street Suite 1400 Jacksonville, FL 32202	<b>10. If changed, new Registered Agent/Office</b> Name: N/A Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, etc: City: <span style="float: right;">FL</span> 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
Jacksonville Atlantic Gardens, LLC	813 Northshore Drive Suite 201	Knoxville, TN 37919	M98000001058

*2-23*

CR2E003 (8/98)

**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.

JACKSONVILLE ATLANTIC GARDENS, LLC  
 SIGNATURE By: *Joseph W. Reed* DATE 2-22-99  
 Joseph W. Reed, Chief Manager  
 Jacksonville Atlantic Gardens, LLC  
 Typed or Printed Name of General Partner Signing Form Daytime Telephone Number (423) 584-2300