

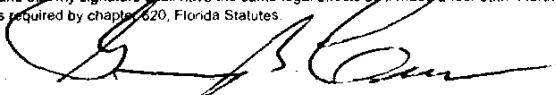


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR -9 PM 2: 08 SECRETARY OF STATE	
1. Name of Limited Partnership COLONIAL MART LIMITED PARTNERSHIP		1a. DOCUMENT # B98000000604			
Mailing Address P.O. Box 1260 400 BRIARWOOD DRIVE, SUITE 400 JACKSON, MS 39206 Ridgeland, MS 39158		Principal Office Address 750 AVIGNON DR. Bld 18 400 BRIARWOOD DRIVE, SUITE 400 JACKSON, MS 39206 Ridgeland, MS 39158		3. Date Formed or Registered 10/14/1998	
2. Mailing Address P.O. Box 1260 Suite, Apt. #, etc.		2a. Principal Office Address 750 AVIGNON DR Bld 18 Suite, Apt. #, etc.		3a. Date of Last Report	
City & State Ridgeland, MS.		City & State Ridgeland, MS.		4. State or Country of Formation MS	
Zip 39158		Zip 39157		5a. Capital Contributions as Shown on record \$192,500.00	
Country USA		Country USA		5b. Amount of Capital Contributions in FLORIDA to date	
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) WATAGA, L.L.C.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 750 AVIGNON DR. Bld 18 400 BRIARWOOD DRIVE,		11b. City, State & Zip Code Ridgeland, MS 39158 JACKSON MS 39206	
				11c. Registration/Document Number M98000001173	
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 3-30-99			
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number			

CR2E003 (12/98)