## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90016 005 \*\*\*150.00

## DOCUMENT # **J91782**

1. Corporation Name

EQUITY GENERAL PARTNER, INC.

Principal Place of Business Mailing Addre				*SS						
6000 LAKE FORREST DRIVE #200			6000 LAKE FORREST DRIVE #200							
ATLANTA GA 30328 ATLANTA GA 30328								DO NOT WRITE IN THIS	SPACE	
US US								3. Date Incorporated or Qualifed		
								09/11/1987		
	f D i	1 2-	Mailing Address					4. FEI Number	$T_{A}$	pplied For
~~~1	ace of Business	$\vdash$	Mailing Address					65-0004595	<u> </u>	lot Applicable
21		[26]	Suite, Apt. #, etc.					03 0004333		Additional
Suite, Apt. #, etc.		27	<b>⊢</b> ' '					5. Certifcate of Status Desired		Required
22 City & State		- 21	City & State					6. Election Campaign Financing		May Be
— ·	<del>5</del>	20	Only a Gialo				•	Trust Fund Contribution		to Fees
23	Country	28	Zip		ountry			8. This corporation owes the current year Inte		
<del></del>		29	P	30	,			Personal Property Tax.	Yes	□No
24	9. Name and Address of Current		torod Agent	1301				10. Name and Address of New Registered	Agent	
	9. Name and Address of Correlation	Negra	itered Agent		81	Name				
NFAI	., R A ESQ									
13577 FEATHER SOUND DRIVE., STE 300					82	Street	Addre	dress (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 34622			<u> </u>							
OLL	WINNIER I E GIGEE				83	ļ				
					84	City			85 Zip	Code
								FL	1 1	a in atata and
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statut	es, the	abovi ed by	e-named the corn	corpoi	ration submits this statement for the purpose of a's board of directors. I hereby accept the appoin	cnanging it ntment as r	egistered
agent. I a	m familiar with, and accept the obligati	ions of	, Section 607.0505, Flo	rida St	atutes		O GUO	TO BOARD OF ANOMALIES, MODELE AND EXPERIEN		TENT S
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R					red Ager	nt signature	required	when reinstating) DATE		
12.	OFFICERS ANI	D DIRE		1;	3.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D		☐ DELETE	1.1	TITLE				Change	Addition
NAME	BROGDON, CHRIS				12 NAME					
STREET ADDRESS	ss 6000 LAKE FORREST DRIVE., STE 200				1.3 STREET ADDRESS					ĺ
CITY-ST-ZIP	ATLANTA GA 30328				1.4 CITY-ST-ZIP					
TITLE	AS		<b>⊠</b> DELETE	2.1	TITLE		Pr	esident	Change	Addition
NAME	NEAL, A.R.			2.2	NAME		100	arrell C. Tucker	V) _	J
STREET ADDRESS	ACCOR COLIND DONE				2.3 STREET ADDRESS			on Lake Forrest Dr	. #3	100
	OLEADWATED EL 94699				2.4 CITY-ST-ZIP			buta GA 30328		ĺ
CITY-ST-ZIP TITLE	P		₩ DELETE	_	TITLE		Vic	e President	Change	Addition
	PIFER, CATHY		<u> </u>	1	NAME		H	mes J. Andrews		
NAME	6000 LAKE FORREST DRIVE., S	TF 20	nn			TADDRESS	I. T.	000 Lake Forrest Dr	-, #a	$\infty$
STREET ADDRESS	ATLANTA GA 30328	, IL 20	ı		. CITY-S		FA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	28	ļ
CITY-ST-ZIP	S S		DELETE		TITLE	51-ZIP	CF	, 10-1 1105 <u> </u>	Change	Addition
TITLE			C) DELETE							
NAME	REES, PHILIP   RESS   6000 LAKE FORREST DRIVE., STE 200			4	4.2 NAME			imes H. Sanregret	<u>+</u>	2000
STREET ADDRESS		IE ZU	JU .	4.3	STREE	TADDRESS		xco Lake Forrest I Vanta GA 30338	M. ~ ~	200
CITY-ST-ZIP	ATLANTA GA 30328		C) Delete	_	_	T-ZIP	1-4	mum GL SUSSI	☐ Change	
TITLE			DELETE		TITLE		1		LI Criary	, Li vagani
NAME					NAME.					ľ
STREET ADDRESS						TADDRESS	1			
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		CITY-S	T-ZIP	<del> </del>			T A STORE
TITLE			☐ DELETE		TITLE		1		Change	e
NAME					NAME					}
STREET ADDRESS				6.3	STREE	T ADDRESS	i			1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP