

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 31 PM 5:00

SECRETARY OF STATE



1. Name of Limited Partnership	1a. DOCUMENT # B97000000136
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SEDOWICZ PROPERTIES, L.P.

Mailing Address 5555 OAKBROOK PARKWAY, SUITE 355 NORCROSS GA 30093	Principal Office Address 5555 OAKBROOK PARKWAY, SUITE 355 NORCROSS GA 30093
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3. Date Formed or Registered 03/12/1997	5a. Capital Contributions as Shown on record \$500.00
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3a. Date of Last Report 12/26/1997	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation GA	

2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. FEI Number 58-2283575	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to Dept of State (See reverse side for fee information) FF \$141.25	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33327

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable) 300002825100 0
Suite, Apt. #, etc. 103/31/99-01052-005
City ****193.75 *****141.25 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
SEDOWICZ, FRANK C	1302 BROMLEY DR	SNELLVILLE GA 30278	
SEDOWICZ, LOIS J	1302 BROMLEY DR. 5555 OAKBROOK PARKWAY	SNELLVILLE GA 30278 NORCROSS GA 30093	AL 45

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 *Lois Sedowicz* Partner DATE **3-19-99**
Typed or Printed Name of General Partner Signing Form **Lois Sedowicz** Daytime Telephone Number **770-242-0364**

CR2E003 (12/98)