

9425571

10/06/94

ACL/REGENT, L.P.

**Secretary of State
Business Services and Regulation
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530**

CONTROL NUMBER: 9425571
EFFECTIVE DATE: 10/06/1994
COUNTY : FULTON
REFERENCE : 0093
PRINT DATE : 10/17/1994
FORM NUMBER : 327

JOYCE H. BOOTH
STE 700, 1275 PEACHTREE ST.
ATLANTA GA 30309

CERTIFICATE OF LIMITED PARTNERSHIP FILING

I, **MAX CLELAND**, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the domestic limited partnership

ACL/REGENT, L.P.

has filed, as of the effective date stated above, its Certificate of Limited Partnership with the Secretary of State and has paid all fees as required by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.



Max Cleland

MAX CLELAND
SECRETARY OF STATE

Verley J. Spivey

VERLEY J. SPIVEY
DEPUTY SECRETARY OF STATE

SECURITIES
656-2894

CEMETERIES
656-3079

CORPORATIONS
656-2817

CORPORATIONS HOT LINE
404-656-2222
Outside Metro-Atlanta



MAX CLELAND
Secretary of State
State of Georgia

BUSINESS SERVICES AND REGULATION
Suite 315, West Tower
2 Martin Luther King Jr., Drive
Atlanta, Georgia 30334-1530
(404) 656-2817

J. F. GULLION
Director

CERTIFICATE OF LIMITED PARTNERSHIP
TRANSMITTAL INFORMATION FORM
FOR GEORGIA LIMITED PARTNERSHIP

DO NOT WRITE IN SHADED AREA - SOS USE ONLY

DOCKET # 942860344 PENDING CONTROL # P080931 CONTROL # 9420571
 Docket Code 327 LP Type _____
 Date Filed 10-6-94 Amount Received \$ _____ Check/Receipt # _____
 Jurisdiction (County) Code 60 - Fulton
 Examiner 6 Date Completed _____

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM.
INSTRUCTIONS ARE ON THE BACK OF THIS FORM.

1. Applied For 942760568
 Limited Partnership Name Reservation Number
 ACL/Regent, L.P.
 Limited Partnership Name (exactly as appears on name reservation)
 Telephone Number (404) 888-7480

2. Joyce H. Booth
 Applicant/Attorney
 1275 Peachtree Street, N.E., Suite 700
 Address
 Atlanta, GA 30309 State _____ Zip Code _____
 City

3. 3060 Peachtree Road, Suite 1800
 Principal Office Mailing Address of Limited Partnership
 Atlanta, GA 30305 State _____ Zip Code _____
 City

4. *****NO LONGER REQUIRED BY LAW*****
 Latest Date Upon Which Limited Partnership is to Dissolve

5. Charles C. Benedict, Esquire
 Name of Registered Agent in Georgia
 1275 Peachtree Street, N.E., Suite 700
 Registered Office Street Address in Georgia
 Atlanta, Fulton County GA 30309
 City County State Zip Code

6. Attach list of Names and Business Addresses of each General Partner.
 ACL Kiln Creek, Inc., 3060 Peachtree Road, Suite 1800, Atlanta, GA 30305

7. For Limited Partnerships formed prior to July 1, 1988 ONLY
 Date Formed: _____ County: _____ Book No. _____ Page No. _____

8. NOTICE: THIS FORM DOES NOT REPLACE THE CERTIFICATE OF LIMITED PARTNERSHIP REQUIRED BY TITLE 14 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED. Mail or deliver this Transmittal Information Form, the original and one copy of the Certificate of Limited Partnership, and the Secretary of State filing fee of \$60.00 to the Secretary of State at the above address.
 I understand that the information on this form will be entered in the Secretary of State business registration database, and I verify that the above information is true and correct to the best of my knowledge.

Authorized Signature: Joyce H. Booth Date: 10/6/94

STATE OF GEORGIA

COUNTY OF FULTON

CERTIFICATE OF LIMITED PARTNERSHIP
OF
ACL/REGENT, L.P.

The undersigned, desiring to form a limited partnership pursuant to the provisions of the Georgia Revised Uniform Limited Partnership Act, 1988 Ga. Laws, pp. 1016, et seq. (Official Code of Ga. Ann. §14-9-100, et seq.), does hereby certify and swear as follows:

I. The name of the Limited Partnership is:

ACL/Regent, L.P.

II. The registered office of the Limited Partnership shall be located at 3060 Peachtree Road, Suite 1800, Atlanta, Georgia 30305.

III. The name and address of the initial agent for service of process of the Limited Partnership shall be:

Charles C. Benedict, Esq.
Parker, Johnson, Cook & Dunlevie
Suite 700
1275 Peachtree Street, N.E.
Atlanta, Georgia 30309

IV. The name and business address of the general partner of the Limited Partnership is as follows:

ACL Kiln Creek, Inc.
3060 Peachtree Road
Suite 1800
Atlanta, Georgia 30305

V. The latest date upon which the Limited Partnership is to dissolve is December 31, 2050.

GENERAL PARTNER:

ACL KILN CREEK, INC., a Georgia corporation

(T) BY: 
Stephen B. Swartz, President

[CORPORATE SEAL]

PARKER, JOHNSON, COOK & DUNLEVIE

ATTORNEYS AND COUNSELORS AT LAW

SUITE 700
1275 PEACHTREE STREET, N. E.
ATLANTA, GEORGIA 30309-3574
(404) 872-7000
FACSIMILE: (404) 888-7490

Decatur Office:
SUITE 510
101 WEST PONCE DE LEON AVENUE
DECATUR, GEORGIA 30030-2543
(404) 373-6547
FACSIMILE: (404) 373-4570

WRITING DIRECT DIAL:

(404) 888-7480

October 5, 1994

HAND DELIVERY BY COURIER

Business Services and Regulation
Secretary of State
Suite 315, West Tower
2 Martin Luther King, Jr., Drive
Atlanta, GA 30334-1530

RE: Certificate of Limited Partnership of ACL/Regent, L.P.

Dear Sir or Madam:

Please accept the enclosed Certificate of Limited Partnership of ACL/Regent, L.P. for filing so that the limited partnership may proceed with necessary business. I have included one original and one conformed copy of the Certificate of Limited Partnership, the original Transmittal Information Form, and our firm's check in the amount of \$60.00 to cover the cost of filing.

Thank you for your assistance, and please do not hesitate to call me with any questions.

Sincerely,

PARKER, JOHNSON, COOK & DUNLEVIE



Joyce H. Booth
Corporate Paralegal