

2000 UNIFORM BUSINESS REPORT (UBR)

0019866 A

DOCUMENT # A22578

1. Entity Name
VILLAGE PLAZA PARTNERS, LTD.

Principal Place of Business: % KING & SPALDING - ROBERT G. PENNINGTON, 191 PEACHTREE ST., N.E., ATLANTA GA 30303-1763

Mailing Address: % KING & SPALDING - ROBERT G. PENNINGTON, 191 PEACHTREE ST., N.E., ATLANTA GA 30303-1740

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 27 PM 1:29



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: **59-2676147** Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BANKS, LILLIAN
360 ORION CT.
MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$2,562,505.00**

10. Amount of Capital Contributions in FLORIDA to date: _____

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	J42200	STREET ADDRESS	
NAME	VILLAGE PLAZA INVEST. CO	CITY - ST - ZIP	500003314995--1
STREET ADDRESS	% 191 PEACHTREE STREET, N.E.		-07/06/00--01059--021
CITY - ST - ZIP	ATLANTA GA 31303-1763		*****50.00 *****50.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	500003314995--1
STREET ADDRESS			-07/06/00--01059--022
CITY - ST - ZIP			*****150.00 *****150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	500003314995--1
STREET ADDRESS			-07/06/00--01059--023
CITY - ST - ZIP			*****326.25 *****326.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Robert G. Pennington, Secretary** REQUIRED

DATE: **4/10/00** DAYTIME PHONE: **404/572-3369**