2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30743

APPROVED AND FILED
00 MAR 30 AM 10: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

U01946 A1

1. Entity Name

PENMAN PLAZA ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
300 NORTHCREEK 3715 NORTHSIDE PARKWAY, NW. SUITE 105 ATLANTA GA 30327	300 NORTHCREEK 3715 NORTHSIDE PARKWAY, NW. SUITE 105 ATLANTA GA 30327-2806

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 58-1920735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional *Fee Required*

6. Name and Address of Current Registered Agent

LAPRELL, SAMUEL L.
1300 GULF LIFE DRIVE, SUITE 800
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name: Theresa M. Kenney, Esq.
Street Address (P.O. Box Number is Not Acceptable): Ford Jeter Bowlus & Duss
10110 San Jose Blvd
City: Jacksonville FL Zip Code 32257

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: TMKenney Theresa M. Kenney 3-28-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	$7,500.00	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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	P24488 CONSOLIDATED MED PROP IN 3715 NORTHSIDE PKWY,#105 ATLANTA GA	STREET ADDRESS / CITY-ST-ZIP	200003209662--8 -04/14/00--01073--006 ****141.25 ****141.25
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CR2E003 (9/99)

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: W.E. McClain III 1/17/00 404-261-3271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER / Date / Daytime Phone #