2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31418

1. Entity Name

GATE PROPERTIES L.P. LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR -6 PM 5:33

Principal Place of Business	Mailing Address
1827 POWERS FERRY RD. BLDG. 7. STE. 200 ATLANTA GA 30339	1827 POWERS FERRY RD. BLDG. 7. STE. 200 ATLANTA GA 30339-5621

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 N. Cobb Parkway	200 N. Cobb Parkway
Suite, Apt. #, etc.: Building 400 Ste 419	Suite, Apt. #, etc.: Building 400 Suite 419
City & State: Marietta, GA 30062	City & State: Marietta, GA
Zip: Country: Cobb	Zip: 30062 Country: Cobb

4. FEI Number: 58-1920792 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$0.00		

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 #	P38444	STREET ADDRESS	200 N. Cobb Parkway, Building 400 Suite 419
NAME	GATE MANAGEMENT COMPANY, INC.	CITY-ST-ZIP	Marietta, GA 30062
STREET ADDRESS	1827 POWERS FERRY RD., STE. 200, BLDG. 7		
CITY-ST-ZIP	ATLANTA GA 30339		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	BK 3/6
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: SIGNATURE REQUIRED _____ (770) 919-1914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #