

2002 UNIFORM BUSINESS REPORT (UBR)

0006271 AT

DOCUMENT # A93000000654

1. Entity Name
SONGY PARTNERS REALTY, LTD.

FILED

1402 MAR 11 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3348 PEACHTREE ROAD SUITE 675 ATLANTA GA 30326	Mailing Address 3348 PEACHTREE ROAD SUITE 675 ATLANTA GA 30326
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DUE BY MAY 1, 2002

City & State	City & State	4. FEI Number 65-0417549	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent

**SONGY, DAVID B
925 SOUTH FEDERAL HWY., STE. 325
BOCA RATON FL 33432**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,500.00**

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	
DOCUMENT #	P93000043061
NAME	SPL, INC.
STREET ADDRESS	3348 PEACHTREE ROAD, STE. 675
CITY-ST-ZIP	ATLANTA GA 30326
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	3000005108248-7
CITY-ST-ZIP	-03/14/02--01058--002
STREET ADDRESS	***141.25 ***141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE

CR2E003 (9/01)