

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0005434  
AT

DOCUMENT # **A95000000941**

1. Entity Name

**TALLAHASSEE MALL PARTNERS, LTD.**

02-APR 25 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

5775 PEACHTREE DUNWOODY ROAD, SUITE D-175  
ATLANTA GA 30342

Mailing Address

5775 PEACHTREE DUNWOODY ROAD, SUITE D-175  
ATLANTA GA 30342

2. Principal Place of Business

124 Johnson Ferry Rd, NE  
Suite, Apt. #, etc.

3. Mailing Address

124 Johnson Ferry Rd, NE  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

Atlanta, GA

City & State

Atlanta GA

4. FEI Number

58-2179840

Applied For

Not Applicable

Zip

30328

Country

USA

Zip

30328

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
120 HAYS STREET, SUITE 105  
TALLAHASSEE FL 33401**

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 \_\_\_\_\_

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

DATE \_\_\_\_\_

9. Capital Contributions  
as Shown on record.

**\$6,750,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$6,750,000.00**

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 # **F9500003024**  
NAME **SGT CORP.**  
STREET ADDRESS **5775 PEACHTREE DUNWOODY ROAD, SUITE D-175**  
CITY-ST-ZIP **ATLANTA GA 30342**

STREET ADDRESS **124 Johnson Ferry Rd, NE**  
CITY-ST-ZIP **Atlanta, GA 30328**

DOCUMENT # **P95000042415**  
NAME **GSG LENCK CORPORATION**  
STREET ADDRESS **222 LAKEVIEW AVE., SUITE 800**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**700005451367**  
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CR2E003 (9/01)

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/19/02**  
Daytime Phone #