2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002049

1. Entity Name

HOPKINS CROSSING, LTD.

FILED

02 JUN 24 PM 4:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
5775 PEACHTREE DUNWOODY ROAD. SUITE 175-D ATLANTA GA 30342	5775 PEACHTREE DUNWOODY ROAD. SUITE 175-D ATLANTA GA 30342

2. Principal Place of Business	3. Mailing Address
1601 BELVEDERE ROAD	1601 BELVEDERE ROAD
Suite, Apt. #, etc.: SUITE 407-S	Suite, Apt. #, etc.: SUITE 407-S
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33406 Country: USA	Zip: 33406 Country: USA

DUE BY MAY 1, 2002

4. FEI Number: 65-0785821 ☐ 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
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301	Name: PAUL MAPES Street Address (P.O. Box Number is Not Acceptable): 1601 BELVEDERE ROAD SUITE 407-S City: WEST PALM BEACH FL Zip Code: 33406

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: P. Mapes 4/29/02
Signature, typed or printed name of registered agent and title if applicable. DATE

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
$7,500.00		

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 #	P97000082235	STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 407-S
NAME	HOPKINS CROSSING, INC., GP	CITY-ST-ZIP	WEST PALM BEACH, FL 33406
STREET ADDRESS	5775 PEACHTREE DUNWOODY ROAD, SUITE 175-D		
CITY-ST-ZIP	ATLANTA GA 30342		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	100006047271--8
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Paul Mapes AS PRESIDENT 4/29/02 561-689-6601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #