

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019418 AF

**DOCUMENT # A97000002292**  
 1. Entity Name  
**DESTINY DEVELOPMENT, LIMITED PARTNERSHIP**

**FILED**

01 APR -6 PM 12:23

*zf*

Principal Place of Business      Mailing Address  
 999 PEACHTREE ST      999 PEACHTREE ST  
 #1400      #1400  
 ATLANTA GA 30309      ATLANTA GA 30309

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **59-3477459**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.      **\$282,800.00**

10. Amount of Capital Contributions in FLORIDA to date.      **\$ 282,800.-**

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 #	<b>F00000006616</b>
NAME	<b>SAYN-WITTGENSTEIN REAL ESTATE INC</b>
STREET ADDRESS	<b>999 PEACHTREE ST SUITE 1400</b>
CITY-ST-ZIP	<b>ATLANTA GA 30309</b>
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	
CITY-ST-ZIP	
STREET ADDRESS	<b>700004037007--7</b>
CITY-ST-ZIP	<b>-04/20/01--01132--010</b>
STREET ADDRESS	<b>****526.25 ****526.25</b>
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: *Carsten Wittgenstein*      **Carsten Wittgenstein**      *Secretary of GP*      **Secretary of GP**  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)