

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

WZ/CP

**DOCUMENT # B0100000053**

1. Entity Name  
**ATLANTIC/MINI-STORAGE #3, LLLP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB 24 PM 3:37



Principal Place of Business <b>100 ATLANTA TECHNOLOGY CENTER 1575 NORTHSIDE DRIVE, N.W., STE. 200 ATLANTA GA 30318-4208</b>	Mailing Address <b>100 ATLANTA TECHNOLOGY CENTER 1575 NORTHSIDE DRIVE, N.W., STE. 200 ATLANTA GA 30318-4208</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**DUE BY MAY 1, 2003**

4. FEI Number <b>58-2595515</b>	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)

**300013032023**

City **FL** Zip Code **02/24/03--01050--013 \*\*526.25**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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>F0100000836</b>
NAME	<b>ATLANTIC INVESTORS GROUP, INC.</b>
STREET ADDRESS	<b>1575 NORTHSIDE DR., NW., STE. 200</b>
CITY-ST-ZIP	<b>ATLANTA GA 30318-4208</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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: *James P. Stroger* **James P. Stroger, Pres. of General Partner** 2/18/03 404-367-6068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)

SAMPLE CHECK HERE