2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR)							APPROVED	
DOCUMENT # B9800000434 1. Entity Name						AND FIEED		
STUART LODGE, L.P.						00 MAR 30 AM 10: 1 I		
Principal Place of Business 1300 PARKWOOD CIRCLE 6640 POWERS FERRY ROAD, SUITE 200 STE 400 ATLANTA GA 30339-214-3 36339 36339 Mailing Address 1360 6649 POWERS FERRY ROAD ATLANTA GA 30339-2913- 314:					CDACLE	SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Place of Business 3. Mailing Address								<u> </u>
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State			City & State			4. FEI Number	58-2388418	Applied For Not Applicable
Zip	Zip Country		Zip Count		ry	5. Certificate of Status Desired		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					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 reg SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg 9. Capital Contributions as Shown on record. 10. Amount of Capital C in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTIT					Agent signature requi	ired when reinstating)	DATE 11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOI	R FEE INFORMATION
	A GENERAL F NOTE: General Pa	ARTNER THAT IS artners MAY NOT b	A BUSINESS EN De changed on th	TITY MI ne form:	an amendme	ent must be filed	to change a general part	ner.
12. GENERAL PARTNER INFORMATION DOCUMENT # F97000005998 OMNICORP RESOURSES, INC. STREET ADDRESS 6840 POWERS FERRY ROAD, SUITE 200					ET ADDRESS	ADDRESS CHANGES ONLY 1300 Parkwood Cr, Ste 400, Atlanta, GA 30339 1300 Parkwood Cr, Ste 400, Atlanta, GA 30339 1300 Parkwood Cr, Ste 400, Atlanta, GA 30339		
CITY-ST-ZIP	ATLANTA GA 30339 -			CITY-	ST-ZIP	1300 Parkwood	Cr, Ste 400, Atlanta, GA 3	0339
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NAME STREET ADDRESS	AME STORY OF THE S				ET ADDRESS - ST - ZIP			
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for						0	El de Orena de de de	if that the information
14. I hereby of indicated the receiver	certify that the information s on this report is true and a ver or trustee empowered to	supplied with this filing securate and that my so be execute this report a	does not qualify for ignature shall have is reduired by Chap	the exer the same ter 620, F	mption stated in e legal effect as i Florida Statutes	Section 119.07(3)(i), if made under oath; t	Florida Statutes. I further cert hat I am a General Partnes of	the limited partnership or

3.16-00 Date