

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -6 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000434

1. Entity Name

Stuart Lodge, LP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1300 Parkwood CR

Suite, Apt. #, etc.

Ste. 400

City & State

Atlanta, GA

Zip

30339

Country

USA

3. Mailing Address

1300 Parkwood Circle

Suite, Apt. #, etc.

Ste. 400

City & State

Atlanta, GA

Zip

30339

Country

USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

58-2388418

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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, type or printed name of registered agent and title (if applicable).

DATE

9. Capital Contributions
as Shown on record.

\$950,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # F97000005998
NAME Omnicorp Resources, Inc.
STREET ADDRESS 1300 Parkwood Cr, Ste. 400
CITY- ST- ZIP Atlanta, GA 30339

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

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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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Days and Phone #

Allen J. Brock Allen J. Brock 5-01-02 770-952-4000

CR2E003B (12/01)

STAPLE CHECK HERE