

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000561

1. Entity Name

SAWGRASS LIMITED PARTNERSHIP NO. 2

Principal Place of Business
10150 Highland Manor Drive
Suite 150
Tampa, FL 33610

Mailing Address
10150 Highland Manor
Drive, Suite 150
Tampa, FL 33610

FILED

01 APR 24 PM 5:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

3950 Shackelford Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

City & State

Duluth, GA

Zip

Country

Zip

Country

30096

USA

4. FEI Number

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$0.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # B99000000219
NAME DUKES-WEEKS REALTY LTD
STREET ADDRESS 8888 KEYSTONE AVE., STE 1200
CITY-ST-ZIP INDIANAPOLIS IN 46240

STREET ADDRESS

600 East 96th Street, Suite 100

CITY-ST-ZIP

Indianapolis, IN 46240

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

bx 4124

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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)(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. By: Duke-Weeks Realty Corporation
the general partner of Duke-Weeks Realty Limited Partnership, general partner of Sawgrass Limited Partnership No. 1

SIGNATURE:

John R. Gaskin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/01
Date

770-638-2610
Daytime Phone #