

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010494 AF

DOCUMENT # **A00000001335**

1. Entity Name  
**ATEM PARTNERSHIP, LTD.**

**FILED**

**01 MAY 17 AM 11:26**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**ATTN: ALLEN C. KRYGER  
4330 DRANE FIELD ROAD  
LAKELAND FL 38811**

Mailing Address  
**ATTN: ALLEN C. KRYGER  
4330 DRANE FIELD ROAD  
LAKELAND FL 38811**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**999 Lake Hollingsworth Drive**

3. Mailing Address  
**999 Lake Hollingsworth Drive**

City & State  
**LAKELAND Florida**

City & State  
**LAKELAND Florida**

Zip  
**33803**

Country  
**USA**

4. FEI Number  Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**KRYGER, ALLEN C  
4330 DRANE FIELD ROAD  
LAKELAND FL 38811**

7. Name and Address of New Registered Agent  
Name **Wesley Beck**  
Street Address (P.O. Box Number is Not Acceptable)  
**999 Lake Hollingsworth Drive**  
City **LAKELAND** FL Zip Code **33803**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Wesley Beck** DATE **5/8/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **450,000**

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>P00000077918</b>
NAME	<b>ATEM REAL ESTATE COMPANY, INC.</b>
STREET ADDRESS	<b>4330 DRANE FIELD ROAD</b>
CITY-ST-ZIP	<b>LAKELAND FL 38811</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	<b>999 Lake Hollingsworth Drive</b>
CITY-ST-ZIP	<b>LAKELAND Florida 33803</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>200004421022--5</b>
CITY-ST-ZIP	<b>-06/14/01--01120--022</b>
STREET ADDRESS	<b>*****526.25 *****526.25</b>
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: **Wesley Beck** DATE **5/8/01** 863 70 683 0269  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)