

2002 UNIFORM BUSINESS REPORT (UBR)

0014257 AT

DOCUMENT # A00000001335

1. Entity Name
ATEM PARTNERSHIP, LTD.

FILED
02 MAR -6 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **999 LAKE HOLLINGWORTH DRIVE LAKELAND FL 33803**
Mailing Address: **999 LAKE HOLLINGWORTH DRIVE LAKELAND FL 33803**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State City & State 4. FEI Number Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECK, WESLEY
999 LAKE HOLLINGWORTH DRIVE
LAKELAND FL 33803

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P00000077918**
NAME **ATEM REAL ESTATE COMPANY, INC.**
STREET ADDRESS **999 LAKE HOLLINGWORTH DRIVE**
CITY-ST-ZIP **LAKELAND FL 33803**

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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 Vice President 3/1/02 863 762 7846**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE