

2002 UNIFORM BUSINESS REPORT (UBR)

0006162 AT

DOCUMENT # A01000001460

1. Entity Name
FLORIDA-GEORGIA PROPERTY ALLIANCE, LTD.

FILED

02 JUN -4 AM 9:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
943 TAHITI ROAD
JACKSONVILLE FL 32216

Mailing Address
943 TAHITI ROAD
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-3752531

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLEMAN, C. RANDOLPH
9250 BAYMEADOWS ROAD, SUITE 230
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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. \$808,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$45,000

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	BLACKMAN, DONALD	943 TAHITI ROAD	JACKSONVILLE FL 32216
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	Michael E. Blackman	5400 Roswell Rd, Apt 2-1	Atlanta GA 30342
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	Amendment filed 6/4/02 to change GP mgh		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	000005554210-4
STREET ADDRESS	-05/16/02--01015--024
CITY-ST-ZIP	****403.75 ****403.75
STREET ADDRESS	
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: *Michael E. Blackman* **4-18-02** **(404) 870-7600 x105**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)