

2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2

0002041 AT

DOCUMENT # A08921
1. Entity Name
 211 EAST CALL LIMITED PARTNERSHIP

FILED
 01 AUG -7 PM 12:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 211 EAST CALL STREET
 TALLAHASSEE FL 32301

Mailing Address
 P.O. BOX 1674
 TALLAHASSEE FL 32302

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

DUE BY SEPTEMBER 26, 2001

4. FEI Number 59-1994611
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 DOUGLASS, W. DEXTER
 211 E. CALL STREET
 TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$24,000.00
10. Amount of Capital Contributions in FLORIDA to date. 24,000.00
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 #	Douglas
NAME	DOUGLAS, W. DEXTER
STREET ADDRESS	211 EAST CALL STREET
CITY-ST-ZIP	TALLAHASSEE FL
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	
CITY-ST-ZIP	800004534968--7 -08/15/01--01012--018
STREET ADDRESS	***256.75 ***256.75
CITY-ST-ZIP	168.00 Adn 88-75 Adn
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: W. Dexter Douglass 7-22-01 850-224-6191
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (5/01)