2001	UNIFORM BUS	INESS REPO	RT	(UBF	₹)	FILED		
DOCUI 1. Entity Nam EXECUTIV	5				May 01, 2001 08:00 AM Secretary of State			
Principal Plac TOWER PLAC 3340 PEACHTI ATLANTA 30326	E, STE. 2995	Mailing Address TOWER PLACE, STE. 2995 3340 PEACHTREE RD. N.E. ATLANTA 30326		GA				
2011 S. 25TH S		3. Mailing Address 3405 PIEDMONT ROAD, N.E.						
Suite, Apt.	·	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State FORT PIERCE Zip		City & State ATLANTA Zip	Coun	GA		4. FEI Number Applied For S9-2374129 Not Applicable		
34947	US	30305	us	uy		5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HUGH GAGE B 2102 SOUTH 29TH STREET FT. PIERCE FL					ddress (f	7. Name and Address of New Registered Agent GAGE B P.O. Box Number is Not Acceptable) H STREET		
3494 7 US				City FT. PIER	RCE	FL Zip Code 34947		
SIGNATURE .	Signature, typed or printed name of registered agent ntributions	and title if applicable. (NOTE: 10. Amount of Capita in FLORIDA to da	Registered I Contrib te. 65	d Agent signations 0,000.00	ure required	od agent, or both, in the State of Florida. 05/01/2001 when reinstating) DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	-	
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS ENT AY NOT be changed on the	TITY M e form	UST BE I ; an ame	REGIST Indmen	ERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partner.		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ATLANTA GA 30326			ET ADORESS -ST-ZIP	3405 PI	ADDRESS CHANGES ONLY IEDMONT ROAD, N.E., SUITE 550 NTA GA 30305		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP			CRZEC	
DOCUMENT # NAME STREET ADDRESS				ET ADDRESS - ST-ZIP				
DOCUMENT # NAME STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP DOCUMENT # NAME			+	- ST- ZIP ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
indicated	on this report is true and accurate and ver or trustee empowered to execute the	I that my signature shall have to is report as required by Chapte	ne same	e legal effe	ct as if m	ection 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership or		
SIGNAT	URE: HUGH B. GAGE; JR.	R PRINTED NAME OF SIGNING GENERAL	L PARTNE	R	,-,-	V _ 05/01/2001 Date Daytime Phone #		

05/01/2001 Date

Daytime Phone #