Applied For

Not Applicable

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A17765	
1. Entity Name		

FAISON-JACKSONVILLE ASSOCIATES, LTD.

Principal Place of Business 121 W. TRADE ST. SUITE 2550

CHARLOTTE NC 28202

Suite, Apt. #, etc.

**SMITH & HULSEY** 

**SUITE 1800** 

225 WATER STREET

Zip

Mailing Address

121 W. TRADE ST. SUITE 2550 CHARLOTTE NC 28202-1160

2. Principal Place of Business

3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

Country

Zip

6. Name and Address of Current Registered Agent

Country

5. Certificate of Status Desired

4. FEI Number

7. Name and Address of New Registered Agent

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

mf3128

56-1432738

DO NOT WRITE IN THIS SPACE

Street Address (P.O. Box Number is Not Acceptable)

City

(NOTE: Registered Agent signature required when reinstating)

FL

Zip Code

\$8.75 Additional

Fee Required

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

in FLORIDA to date.

SIGNATURE

9. Capital Contributions

as Shown on record.

JACKSONVILLE FL 32202-4424

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

\$460.00

10. Amount of Capital Contributions

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# NAME	FAISON, HENRY J	STREET ADDRESS	STE 2.560
STREET ADORESS CITY-ST-ZIP	121 WEST TRADE ST #1900 CHARLOTTE NC	CITY-ST-ZIP	
DOCUMENT # NAME	P15434 FAISON & ASSOCIATES, INC	STREET ADDRESS	STE2550
STREET ADDRESS CITY-ST-ZIP	121 WEST TRADE ST-#1900 CHARLOTTE NC	CITY-ST-ZIP	<del></del>
DOCUMENT # NAME		STREET ADDRESS	-04/04/0001094019 ++++141.25 ++++141.25
STREET ADDRESS CITY-ST-ZIP		CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·
DOCUMENT # NAME	- · ·	STREET ADDRESS	
STREET ADDRESS CITY+ST-ZIP		CITY-ST-ZIP	
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT# \ NAME		STREET ADDRESS	
STREET ADDRESS CITY - ST - ZIP		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

S. FAISON + AGSOCIATES, INC., GENGRAL PAITNER.

ALGUAN RIHARTUEQUIREIDIane K. Hunter SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER ASSISTANT SECRETARY