

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25281**

1. Entity Name  
**CODINA/TRADEWIND, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
C/O LOWNDES DROSDICK DOSTER, ET AL      4497 PARK DRIVE  
215 NORTH EOLA DRIVE      NORCROSS GA 30093-2908  
ORLANDO FL 32801

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

4. FEI Number      Applied For  
**59-2884918**      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

**YERGLER, JON C**  
C/O LOWNDES DROSDICK DOSTER, ET AL  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

Name  
**CT Corporation System**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**  
City      State      Zip Code  
**Plantation      FL      33324**

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      **Jeffrey R Graves**  
Assistant Secretary      **4/11/2000**  
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)      DATE

9. Capital Contributions as Shown on record.      **\$500,000.00**      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 #	<b>M9800000015</b>	STREET ADDRESS	
NAME	<b>WEEKS BEACON CENTRE, LLC</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>4497 PARK DRIVE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>NORCROSS GA 30093</b>	CITY - ST - ZIP	<b>300003260519-3</b>
DOCUMENT #		STREET ADDRESS	<b>-05/19/00--01125--014</b>
NAME		CITY - ST - ZIP	<b>***526.25 ***526.25</b>
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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.  
By: ~~Duke Weeks Realty Corporation,~~ **Elizabeth C. Belden**, the general partner of ~~Duke Weeks Realty Limited Partnership,~~ **Codina Tradewind, Ltd.** sole member of ~~Weeks Beacon Centre, LLC,~~ **Weeks Beacon Centre, LLC,** general partner of ~~Codina Tradewind, Ltd.~~ **Codina Tradewind, Ltd.**  
SIGNATURE:      **Elizabeth C. Belden**      **4/20/00**      **770-717-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #      **3226**

CFR2E003 (9/99)