2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28024 1. Entity Name CA SOUTHPARK INVESTORS, M.P., A GEORGIA LIMITED PARTNERSHIP Principal Place of Business 1275 PEACHTREE STREET. N.E. ATLANTA GA 30309 ATLANTA GA 30309 ATLANTA GA 30309 3. Mailing Address 3. Mailing Address						FILED 03 MAY -7 PM 1: 30 SECRETARY OF STATE TALLAMASSEE, FLORIDA		
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY 1, 2003		
City & State City & State						4. FEI Number 58-1835965	Applied For Not Applicable	
Zip	Zip Country		Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name	and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent Name			
MIKALS, JOHN J								
2000 INDEPENDENT SQUARE					Street Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32202								
					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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE								
9. Capital Contributions \$1,000,00 10. Amount of Capital Co								
as Shown on record. In FLORIDA to date. 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 f					; an amendment	t must be filed to change a general pa ADDRESS CHANGES ON		
DOCUMENT #				13.	ET ADDRESS	ADURESS CHANGES OF	VLT	
NAME STREET ADDRESS CITY-ST-ZIP	GLASS, L. FREDERICK JR. ESTA 3745 BANYON LANE ALPHARETTA GA 30022				-ST-ZIP	6000183166	 26	
DOCUMENT ≱ NAME	B93000000163 M P DEVELOPMENT, LTD.				ET ADDRESS	6000183166; 05/07/0301010015	**141.25	
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP	<u> </u>		
DOCUMENT # NAME	BEALLE, JAMES W. 6180 WEATHERLY DR NW ATLANTA GA		-	STRE	ET ADDRESS		-	
STREET ADDRESS CITY-ST-ZIP				CITY	-\$T-ZIP			
DOCUMENT # NAME		JAMES B. JR.		STRE	ET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS CITY-ST-ZIP	3520 NAN ATLANTA	CY CREEK RD GA		CITY	-ST-ZIP			
NAME	RATHER, I	•	STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	2525 PEACHTREE ST #32B ATLANTA GA		 	CITY	-ST-ZIP			
DOCUMENT # NAME	STEVENSON, PHILIP S 940 WEYMAN COURT ATLANTA GA 30328			STRE	ET ADDRESS	·		
STREET ADDRESS CITY-ST-ZIP				<u></u>	-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), Floricia 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:

STAPLE CHECK HERE

evenson

Daytime Phone #