

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 MAR -6 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **A29729**

1. Entity Name  
**PALM RIVER ROAD LIMITED PARTNERSHIP**



Principal Place of Business  
**3390 PEACHTREE ROAD, SUITE 1200  
ATLANTA GA 30326**

Mailing Address  
**3390 PEACHTREE ROAD, SUITE 1200  
ATLANTA GA 30326**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **58-1884584**

Applied For

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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. 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  
as Shown on record. **\$117,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **117,000.00**

11. MAKE CHECK PAYABLE TO FL. 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 # **A29728**  
NAME **BRANNEN/GODDARD-PALM RVR**  
STREET ADDRESS **3390 PEACHTREE RD., STE. 1200**  
CITY-ST-ZIP **ATLANTA GA 30326**

STREET ADDRESS

CITY-ST-ZIP

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NAME  
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**500013632125**

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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:

**SIGNATURE OF GENERAL PARTNER**

Date

Daytime Phone #

**2-18-03**

**404-442-5550**

CR2E003 (10/02)

STAPLE CHECK HERE