

2001 UNIFORM BUSINESS REPORT (UBR)

REV. 2/00

DOCUMENT # A33386

1. Entity Name

SONGY PARTNERS LIMITED

Principal Place of Business

3348 PEACHTREE RD., SUITE 675
ATLANTA GA 30326

Mailing Address

3348 PEACHTREE RD., SUITE 675
ATLANTA GA 30326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0361691

Applied For

Not Applicable

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

SONGY, DAVID B.
95 SOUTH FEDERAL HWY.
#205
BOCA RATON FL 33432

Name

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

925 South Federal Highway
Suite 325

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$140,000.00

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 # P94000025063
NAME SPL FLORIDA, INC.
STREET ADDRESS 95 S. FEDERAL HWY.
CITY-ST-ZIP BOCA RATON FL 33432

STREET ADDRESS 3348 Peachtree Rd. NE; Ste: 675
CITY-ST-ZIP Atlanta, GA 30326

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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:

David B. Songy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

David B. Songy

3/29/01 (404)995-8170
Date Daytime Phone #

CR2E003 (11/00)

FILED
01 APR -9 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE