

2002 UNIFORM BUSINESS REPORT (UBR)

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**

FILED
08 SEP 24 4:52 PM '02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 65-0361691	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**SONGY, DAVID B.
925 S. FEDERAL HWY., STE. 325
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ State **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P94000025063 SPL FLORIDA, INC. 3348 PEACHTREE RD., SUITE 675 ATLANTA GA 30326
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	4088887602034-2 -09/09/02--01065--018 ****526.25 ****526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR3E003 (9/01)



VIA FACSIMILE AND OVERNIGHT COURIER

September 3, 2002

Diane Cushing, Corporate Specialist
Florida Department of State
Division of Corporations, Registrations
409 E. Gaines Street
Tallahassee, FL 32399

ATLANTA
HOUSTON
MIAMI
MEXICO CITY

Subject: Songy Partners Limited
Document No. A33386

Dear Diane,

I am recently aware of the inactive status of the above referenced entity as a result of the 2002 Uniform Business Report. We utilized a third party provider to assist in the preparation of statutory reports of all affiliate entities resulting in erroneous information filed with this report in particular. Block ten (10) had been marked as if capital contributions from limited partners had increased, when in fact they have not. The third party provider was unaware that capital contributions of the Florida general partner were not to be included in this item of the report. We have taken measure to make sure this type of error does not occur in the future.

Please accept this request to reinstate the good standing status of Songy Partners Limited with the state. Copies of the appropriate documentation, as corrected are enclosed for your review. Please make every effort to expedite this process.

Thank you,

A handwritten signature in cursive script that reads "Greg Echols".

Greg Echols
Controller