

2002 UNIFORM BUSINESS REPORT (UBR)

0005373 AT

DOCUMENT # **A33541**

1. Entity Name

**STANFORD STATION PARTNERS, L.P. (LIMITED PARTNES
HIP)**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 28

Principal Place of Business

**200 GALLERIA PKWY., STE. 1400
ATLANTA GA 30339**

Mailing Address

**200 GALLERIA PKWY., STE. 1400
ATLANTA GA 30339**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number **58-2008491**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$1,423,500.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**EWING, MORRIS M.
100 WEST PACES FERRY RD., NW
ATLANTA GA 30305**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**MCAULEY, THOMAS H.
200 GALLERIA PARKWAY, NW SUITE 1400
ATLANTA GA 30339**

STREET ADDRESS
CITY-ST-ZIP

**600005184216--3
-04/03/02--01016--018
****526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**J11316
RJ EQUITIES, INC.
880 CARILLON PKWY
ST PETERSBURG FL**

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Thomas H. McAuley 3/15/02 770-955-4406

CR2E003 (9/01)

STAPLE CHECK HERE