## 2003 LIMITED PARTNERSHIP

| UN   | IIFOR                       | M BUSINE                                   | SS REPO  | RT (              | UBR  | )              |                    |                           |                   |   |        |
|--|-----------------------------|--|--|-------------------|--|----------------|--------------------|---------------------------|-------------------|---|--------|
| DOCU<br>1. Entity Nar  |                             |  |  |                   |  | FIL            | ED .               |                           |                   |   |        |
| STANFORD STATION PARTNERS, L.P. (LIMITED PARTNES HIP)                                  |                             |  |  |                   |  |                |                    | 2003.                     | IAN 14            | AM 10: 32                                 | •      |
| Principal Place of Business<br>200 GALLERIA PKWY., STE. 1400<br>ATLANTA GA 30339       |                             |  | Mailing Address<br>200 GALLERIA PKWY., STE. 1400<br>ATLANTA GA 30339 |                   |  |                | 1.0000             | DIVIJIO<br>TALL           | N OF CO<br>AHASSI | ORPORATIONS<br>EE, FLORIDA                |        |
| 2. Principal I   | Place of Busin              | ness                                       | 3. Mailing Address   |                   |  |                |                    |                           |                   |   |        |
| Suite, Apt. #, etc.  |                             |  | Suite, Apt. #, etc.  |                   |  |                | DUE BY MAY 1, 2003 |                           |                   |   |        |
| City & State   |                             |  | City & State   |                   |  | 4. FEI Numbe   | F 58-2008491       |                           | Applied For       |   |        |
| Zip  | Country                     |  | Zip  | Country           |  |                | 5. Certificate     | of Status Desired         |                   | \$8.75 Additional Fee Required            | role   |
| 6. Name and Address of Current Registered Agent  |                             |  |  |                   |  |                | 7. Name and        | Address of New R          | egistered         |   | $\neg$ |
| C T CORPORATION SYSTEM   |                             |  |  |                   | Name   |                | _                  |                           |                   |   |        |
| 1200 SOUTH PINE ISLAND ROAD  |                             |  |  |                   | Street Address (P.O. Box Number is Not Acceptable) |                |                    |                           |                   |   | -      |
| PLANTATI   |                             |  |  |                   | · · · · · ·  |                |                    |                           |                   |   |        |
|  |                             |  |  |                   | City   |                |                    |                           | FL                | Zip Code                                  | -      |
| 8. The above named entity submits this statement for the purpose of changing its regi- |                             |  |  |                   |  | r registere    | d agest or both    | a in the Ctate of Fig     |                   | ·   | _      |
| the obligat  | lions of registe            | ered agent.                                | ine purpose of changin   | g its registere   | ed onice of  | registere      | d agent, or both   | i, in the State of Fio    | ilua. Tam         | amiliar with, and acce                    | ·ρτ    |
| SIGNATURE  | Signature, typed            | or printed name of registered agent an     |  |                   |  |                |                    | DATE                      |                   |   |        |
| 9. Capital Contributions as Shown on record. \$1,423,500.00 In FLORIDA to date         |                             |  |  |                   | butions  |                |                    |                           | PAYABLE           | TO FL. DEPT. OF STAT<br>R FEE INFORMATION | E      |
|  | A C<br>NOTE:                | GENERAL PARTNER TH<br>General Partners MAY | UST BE I<br>; an ame   | REGISTI<br>ndment | ERED AND A<br>must be filed                        | CTIVE WITH THI | OFFICE             | tner.                     |                   |   |        |
| 12.  |                             | GENERAL PARTNER                            | INFORMATION  | 13.               |  |                |                    | ADDRESS CHA               | NGES ON           | .Y  |        |
| NAME STREET ADDRESS  | EWING, MO                   | ORRIS M.<br>PACES FERRY RD., NV            | <i>,</i>   |                   | ET ADDRESS   | 349            | 5 Piedn            | nont. Rd 10               | Piedn             | nont Center Ste                           | : 135  |
| CITY-ST-ZIP  | ATLANTA (                   |  |  |                   | -ST-ZIP  | ЯНα            | nta, GA            | 30305                     |                   |   |        |
| DOCUMENT # NAME STREET ADDRESS   | MCAULEY, THOMAS H.          |  |  |                   | ET ADDRESS   | 3095           | Brandy             | Station                   | - 4               |   |        |
| CITY-ST-ZIP  | ITY-ST-ZIP ATLANTA GA 30339 |  |  | CITY              |  | Atla           | nta, 6A            | -                         |                   |   |        |
| NAME STREET ADDRESS  | RJ EQUITIES, INC.           |  |  |                   | ET ADDRESS   | · · · ·        | <u> </u>           | <b>00100</b> 9<br>3301099 | 1554<br>004 ×     | 1-10<br>:∗526:25                          | _      |
| CITY-ST-ZIP  | ST PETERSBURG FL            |  |  |                   |  |                |                    |                           |                   |   |        |
| NAME   |                             | •  |  | STREE             | et address   |                |                    | •                         |                   |   |        |
| STREET ADDRESS .<br>CITY-ST-ZIP  |                             |  |  | CITY-             | ST-ZIP   |                | `                  |                           |                   |   |        |
| NAME   |                             |  | ·  | STREE             | ET ADDRESS   |                |                    |                           | •                 |   |        |
| STREET ADDRESS<br>CITY-ST-ZIP  |                             | ,  |  | CITY-             | ST-ZIP   |                |                    | ·                         |                   |   |        |
| DOCUMENT # NAME STREET ADDRESS   |                             |  |  | STREE             | T ADDRESS  |                |                    |                           |                   | -10-to-                                   |        |

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

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

770.955.4406