

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000000832

1. Entry Name
MIZNER I LIMITED PARTNERSHIP



Principal Place of Business
**2859 PACES FERRY ROAD, SUITE 1450
ATLANTA, GA 30339**

Mailing Address
**2859 PACES FERRY ROAD, SUITE 1450
ATLANTA, GA 30339**



04252004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0499660

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BASTUBA, JONI K
777 YAMATO ROAD, SUITE 510
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

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 **\$25,000,000.00**

10. Amount of Capital Contributions
in FLORIDA to date

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 # **F96000005185**
NAME **GABLES GP, INC.**
STREET ADDRESS **2859 PACES FERRY ROAD, SUITE 1450**
CITY-STATE-ZIP **ATLANTA, GA 30339**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

U000000159212
05/10/04-60020-019 526.25

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: Ashley I. Tewell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/04

DATE

770-436-4600

DAYTIME PHONE #

STAPLE CHECK HERE