

# 2001 UNIFORM BUSINESS REPORT (UBR)

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AF

DOCUMENT # **A94000000833**

1. Entity Name

**SAN REMO LIMITED PARTNERSHIP**

**FILED**

Principal Place of Business

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

Mailing Address

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

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**APR 16 AM 9:22**

*hf*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0499658**

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

**FISH, DEBORAH L**

**C/O GABLES REALTY LIMITED PARTNERSHIP**

**6551 PARK OF COMMERCE BLVD., SUITE 100**

**BOCA RATON FL 33487**

Name

*Deborah L. Gentry*

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

*Same*

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

*Deborah L. Gentry* *Deborah L. Gentry*

*1/30/01*

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.

**\$13,489,750.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

*97,697,660*

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700004103067--0**  
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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:

*Dawn H. Sever*

*Dawn H. Sever*

*4-10-01*

*770-436-4600*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)