2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

DOCUMENT # A94000001803

Entity Name

Boynton Beach I Limited Partnership

Principal Place of Business	Mailing Address
3399 PACES FERRY ROAD, SUITE 1450 ATLANTA GA 30339	2859 PACES FERRY ROAD, SUITE 1450 ATLANTA GA 30339-5716

[redacted]

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0543226 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FISH, DEBORAH L
C/O GABLES REALTY LIMITED PARTNERSHIP
6551 PARK OF COMMERCE BLVD., SUITE 100
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 (NOTE: Registered Agent signature required when reinstating)

Capital Contributions as Shown on record. $17,500,000

10. Amount of Capital Contributions in FLORIDA to date. $3,691,005

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.

GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY	
F96000005185 GABLES GP, INC. ~~2859 PACES FERRY ROAD, SUITE 1450~~ ~~ATLANTA GA 30339~~	STREET ADDRESS	2859 Paces Ferry Road, Ste. 1450
	CITY-ST-ZIP	Atlanta, GA 30339
	STREET ADDRESS	
	CITY-ST-ZIP	
	STREET ADDRESS	
	CITY-ST-ZIP	500003292375--9 ~~06/15/00--01159--003~~ ****526.25 ~~****526.25~~
	STREET ADDRESS	
	CITY-ST-ZIP	
	STREET ADDRESS	
	CITY-ST-ZIP	
	STREET ADDRESS	
	CITY-ST-ZIP	

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] Doug Severt 4/26/00 770-436-4600