

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000756

1. Entity Name

CODINA/TRADEWIND NO. 4, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 26 AM 3:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O LOWNDES DROSDICK DOSTER, ET AL
215 NORTH EOLA DRIVE
ORLANDO FL 32801

Mailing Address
4497 PARK DRIVE
NORCROSS GA 30093-2908

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0585416** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
YERGLER, JON C
C/O LOWNDES DROSDICK DOSTER, ET AL
215 NORTH EOLA DRIVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent
Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City **Plantation** FL Zip Code **33324**

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 **Jeffrey R Graves** **Assistant Secretary** **4/11/2000**
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. **\$7,500.00**

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	
DOCUMENT #	M98000000015
NAME	WEEKS BEACON CENTRE, LLC
STREET ADDRESS	4497 PARK DRIVE
CITY - ST - ZIP	NORCROSS GA 30093
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	500003260795--9
CITY - ST - ZIP	-05/19/00--01137--021 ***526.25 ***526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
STREET ADDRESS	
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. By: **Duke Weeks Realty Corporation,** the general partner of **Duke Weeks Realty Limited Partnership,** sole member of **Weeks Beacon Centre, LLC,** general partner of **Codina Tradewind No. 4 Ltd** **770-717-**
SIGNATURE: **Elizabeth C. Belden** Date **4/20/00** Daytime Phone # **3226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/93)