

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0005434
AT

DOCUMENT # A95000000941

1. Entity Name

TALLAHASSEE MALL PARTNERS, LTD.

02-APR 25 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5775 PEACHTREE DUNWOODY ROAD, SUITE D-175
ATLANTA GA 30342

Mailing Address

5775 PEACHTREE DUNWOODY ROAD, SUITE D-175
ATLANTA GA 30342



2. Principal Place of Business

124 Johnson Ferry Rd, NE
Suite, Apt. #, etc.

3. Mailing Address

124 Johnson Ferry Rd, NE
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Atlanta, GA

City & State

Atlanta, GA

4. FEI Number

58-2179840

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
120 HAYS STREET, SUITE 105
TALLAHASSEE FL 33401

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$6,750,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$6,750,000.00

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 # F95000003024
NAME SGT CORP.
STREET ADDRESS 5775 PEACHTREE DUNWOODY ROAD, SUITE D-175
CITY-ST-ZIP ATLANTA GA 30342

STREET ADDRESS 124 Johnson Ferry Rd, NE
CITY-ST-ZIP Atlanta, GA 30328

DOCUMENT # P95000042415
NAME GSG LENCK CORPORATION
STREET ADDRESS 222 LAKEVIEW AVE., SUITE 800
CITY-ST-ZIP WEST PALM BEACH FL 33401

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/19/02

Date

Daytime Phone #

CR2E003 (9/01)