

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002472**

1. Entity Name

SWANACRES INVESTMENT LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 PM 5:25



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5500 INTERSTATE NORTH PARKWAY, STE. 200
ATLANTA GA 30238-4662

Mailing Address
5500 INTERSTATE NORTH PARKWAY, STE. 200
ATLANTA GA 30328-4662

2. Principal Place of Business
Two Ravinia Drive

3. Mailing Address
Two Ravinia Drive

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
Suite 400

City & State
Atlanta, Georgia

City & State
Atlanta, Georgia

4. FEI Number
58-2275727

Applied For
Not Applicable

Zip Country
30346-2104 USA

Zip Country
30346-2104 USA

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$2,450,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F96000006817
NAME SWANACRES CORPORATION
STREET ADDRESS 1090 VERMONT AVENUE, N.W.
CITY - ST - ZIP WASHINGTON DC 20005

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

BK 3/13/00

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]* Kenneth A. Campbell

2/22/00

770-481-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)