2001 UNIFORM BUSINESS REPORT (UBR)

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RSLP # 240
FL0200
240-7750
7

DOCUMENT # A97000000016

1. Entity Name

ROOSEVELT SQUARE LIMITED PARTNERSHIP

FILED
01 JAN 22 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2849 PACES FERRY ROAD. SUITE 350 ATLANTA GA 30339	2849 PACES FERRY ROAD. SUITE 350 ATLANTA GA 30339

2. Principal Place of Business	3. Mailing Address
One Peachtree Pte, St 250	One Peachtree Pointe, Ste 250
Suite, Apt. #, etc. 1545 Peachtree St	Suite, Apt. #, etc. 1545 Peachtree St
City & State Atlanta GA	City & State Atlanta, GA
Zip 30309 - Country USA	Zip 30309 Country USA

4. FEI Number 58-2275881 ☐ Applied For ☐ Not Applicable

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
TERRY, WILLIAM J 101 EAST KENNEDY BLVD., SUITE 2560 TAMPA FL 33602	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$10,000.00	14/0.25	

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 #	F96000006799	STREET ADDRESS	One Peachtree Pointe, Ste 250 1545 Peachtree St.
NAME	DEWBERRY CAPITAL CORPORATION	CITY-ST-ZIP	Atlanta, GA 30309
STREET ADDRESS	2849 PACES FERRY ROAD, SUITE 350		
CITY-ST-ZIP	ATLANTA GA 30339		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	200003591162--5
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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: John K. Dewberry _____ 1/15/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #