

33 LIMITED PARTNERSHIP FORM BUSINESS REPORT (UBR)

MENT # A97000000016

NAME
ROOSEVELT SQUARE LIMITED LIABILITY LIMITED PARTN
ERSHIP



2003 FILED
APR 30 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ONE PEACHTREE POINT, STE. 250
1545 PEACHTREE STREET
ATLANTA GA 30309

Mailing Address
ONE PEACHTREE POINT, STE. 250
1545 PEACHTREE STREET
ATLANTA GA 30309



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 58-2275881

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

MAKE CHECK PAYABLE TO FL 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.

158-75

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P02000023128
NAME ROOSEVELT SQUARE MANAGER, INC.
STREET ADDRESS 1545 PEACHTREE STREET, SUITE 250
CITY-ST-ZIP ATLANTA GA 30309

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2F003 (10/02)