2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000366

1. Entity Name
WELLS OFFICE ASSOCIATES I, LTD.

FILED
03 APR 18 PM 1:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
729 POST STREET
JACKSONVILLE FL 32204

Mailing Address
729 POST STREET
JACKSONVILLE FL 32204

2. Principal Place of Business	3. Mailing Address
751 Oak Street	751 Oak Street
Suite, Apt. #, etc. Suite 600	Suite, Apt. #, etc. Suite 600
City & State Jacksonville FL	City & State Jacksonville, FL
Zip 32204 Country Duval	Zip 32204 Country Duval

4/18

DUE BY MAY 1, 2003

4. FEI Number 59-3456409 — 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
SHAW, R. LAMAR JR. 729 POST STREET JACKSONVILLE FL 32204	Name Street Address (P.O. Box Number is Not Acceptable) 751 Oak Street Suite 600 City Jacksonville FL Zip Code 32204

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. $1,127,582.21

10. Amount of Capital Contributions in FLORIDA to date.

11. 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000076798	STREET ADDRESS	751 Oak Street Suite 600
NAME	SKYLINE REALTY SERVICES, INC.	CITY-ST-ZIP	Jacksonville, Fla 32204
STREET ADDRESS	729 POST STREET		
CITY-ST-ZIP	JACKSONVILLE FL 32204		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

STAPLE CHECK HERE

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 REQUIRED 4/14/03 904-358-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (10/02)

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