

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006209 AT

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, Apt. #, etc.

Suite 600

Suite 600

City & State

City & State

Jacksonville FL

Jacksonville, FL

Zip

Country

Zip

Country

32204

DUWI

32204

DUWI

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
NAME SKYLINE REALTY SERVICES, INC.
STREET ADDRESS 729 POST STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

STREET ADDRESS 751 Oak Street Suite 600
CITY-ST-ZIP Jacksonville, FL 32204

DOCUMENT #
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/14/03 904-358-0900

CR2E003 (10/02)

STAPLE CHECK HERE