256-551-1000

## 2002 UNIFORM BUSINESS REPORT (UBR)

A9700001658

DOCUMENT #

SIGNATURE: \_

DOCUMENT # A9700001658					FILED		
TRIAD PROPERTIES HOLDINGS - FT. MYERS, LTD.					02 MAY -2 PM 2: 24 F		
Principal Place of Business  AMSOUTH CENTER. SUITE 7021  AMSOUTH CENTER. SUITE 7021  CONTROL AVENUE WEST  HUNTSVILLE AL 35801  AMSOUTH CENTER. SUITE 7021  AMSOUTH CENTER. SUITE 7021  AMSOUTH CENTER. SUITE 7021  AMSOUTH CENTER. SUITE 7020  HUNTSVILLE AL 35801					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
<u> 200</u>			ton Ave		- 1 (BBIDA) 1919 (BBI)		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 702 Suite 70			2		DUE BY MAY 1, 2002		
Gity & State Huntsville, AL Huntsville,			AL	AL 4. FEI Number 72-1390319 Applied For Not Applicable		Applied For Not Applicable	
35801 Country 2		3580 L	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required		
<del></del> _	6. Name and Address of Current F	egistered Agent	Name		7. Name and Address of New Registere	d Agent	
BEYER, DAVID A				et Address (P.O. Box Number is Not Acceptable)			
TAMPA F			City	City FL Zip Code			
8. The above	named entity submits this statement for	the purpose of changing its	registered office o	r registered			
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable					
9. Capital Contributions CARGE 070 00 10. Amount of Capital Contri					11. MAKE CHECK PAYAB	LE TO DEPT. OF STATE	
as Snown	A GENERAL PARTNER TH	in FLORIDA to d	ITITY MUST BE	REGISTE	RED AND ACTIVE WITH THIS OFFI	FOR FEE INFORMATION CE.	
12.	NOTE: General Partners MAY GENERAL PARTNER	NOT be changed on t	he form; an ame	rm; an amendment must be filed to change a general partner.  3. ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS	L9700000809 TRIAD PROPERTIES HOLDINGS - FLORIDA, L.L.C		STREET ADDRESS		ADDRESS CHANGES ONLY		
CITY-ST-ZIP	HUNTSVILLE AL 35801		CITY-ST-ZIP				
DOCUMENT # NAME STREET ADDRESS			STREET ADDRESS		900005555 	11063023	
CITY-ST-ZIP			CITY-ST-ZIP	•	****526.25	****526.25	
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NAME STREET ADDRESS CITY-ST-ZIP	ė		STREET ADDRESS CITY-ST-ZIP	<del></del>			
14. I hereby co	ertify that the information supplied with th on this report is true and accurate and th er or trustee empowered to execute this r				on 119.07(3)(i), Florida Statutes. I further ce e under oath; that I am a General Partner o	rtify that the information of the limited partnership or	