

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A97000001858**

1. Entity Name  
**ATRANDO LIMITED PARTNERSHIP**

**FILED**

**00 MAR 27 PM 2:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O DRUCKER & FALK, LLC 7200 STONEHENGE DRIVE, SUITE 211 RALEIGH NC 27613	Mailing Address C/O DRUCKER & FALK, LLC 7200 STONEHENGE DRIVE, SUITE 211 RALEIGH NC 27613-1620
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2. Principal Place of Business	3. Mailing Address <b>9286 Warwick Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State <b>Newport News, VA</b>
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4. FEI Number <b>59-3466000</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>23607</b>	Country	Zip <b>23607</b>	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**HUNTER, DANIEL M  
227 WEST PARK AVENUE  
WINTER PARK FL 32789**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,100,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO 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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P97000074613 ATRANDO, INC. 7200 STONEHENGE DRIVE, SUITE 211 RALEIGH NC 27613</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>600003203016--9</b>
CITY - ST - ZIP	<b>-04/11/00--01043--014 ****526.25 ****526.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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:** **March 13, 2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)