

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 Suite, Apt. #, etc.	3. Mailing Address 9286 Warwick Blvd. Suite, Apt. #, etc.
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City & State Newport News, VA	4. FEI Number 59-3466000	Applied For Not Applicable
Zip 23607	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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
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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 _____

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
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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 # NAME STREET ADDRESS CITY - ST - ZIP	P97000074613 ATRANDO, INC. 7200 STONEHENGE DRIVE, SUITE 211 RALEIGH NC 27613	STREET ADDRESS CITY - ST - ZIP	600003203016--9 -04/11/00--01043--014 *****526.25 *****526.25
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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]* **SIGNATURE REQUIRED** March 13, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)