


# 2001 UNIFORM BUSINESS REPORT (UBR)

0017885 AF

**DOCUMENT # A97000001858**  
 1. Entity Name  
**ATRANDO LIMITED PARTNERSHIP**

**FILED**  
 01 FEB 23 AM 10:29  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



Principal Place of Business      Mailing Address  
 C/O DRUCKER & FALK, LLC      C/O DRUCKER & FALK, LLC  
 7200 STONEHENGE DRIVE, SUITE 211      7200 STONEHENGE DRIVE, SUITE 211  
 RALEIGH NC 27613      RALEIGH NC 27613

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

*9286 Warwick Blvd.*  
*Ne*  
*Newport News, Va.*  
*23607*

4. FEI Number      Applied For  
**59-3466000**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**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 \_\_\_\_\_

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 #	<b>P97000074613</b>
NAME	<b>ATRANDO, INC.</b>
STREET ADDRESS	<b>7200 STONEHENGE DRIVE, SUITE 211</b>
CITY-ST-ZIP	<b>RALEIGH NC 27613</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000003791920--1</b>
CITY-ST-ZIP	<b>-03/02/01--01003--003</b> <b>****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:**  **John A. Munnick, Jr**      1-1701      757-928-6201  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CF2E003 (11/00)