

2001 UNIFORM BUSINESS REPORT (UBR)

0017885 AF

DOCUMENT # A97000001858
 1. Entity Name
ATRANDO LIMITED PARTNERSHIP

FILED
 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**

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	000003791920--1
	-03/02/01--01003--003
	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
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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. Municie, Jr** 1-1701 757-928-6201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF2E003 (11/00)