

# 2002 UNIFORM BUSINESS REPORT (UBR)

0019014 AB

**DOCUMENT # A97000001858**

1. Entity Name

**ATRANDO LIMITED PARTNERSHIP**

FILED

02 MAR -8 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

Mailing Address  
**9286 WARWICK BLVD.  
NEWPORT NEWS VA 23607**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

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

**DUE BY MAY 1, 2002**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P97000074613 ATRANDO, INC. 7200 STONEHENGE DRIVE, SUITE 211 RALEIGH NC 27613</b>	STREET ADDRESS CITY-ST-ZIP	<b>300005099653--4 -03/13/02--01047--035 ***526.25 ***526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME 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** *Atrando, Inc, John A Munch, Jr., Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **1-21-02 157-928-6201**  
Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE