

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002218

1. Entity Name
IS V GREENBRIAR ASSOCIATES, LTD.



FILED

03 MAY -8 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/05/03 000018025370 0122 011 88.75



Principal Place of Business
~~1800 VALLEY VIEW LANE~~
~~DALLAS TX 75234~~

Mailing Address
~~1800 VALLEY VIEW LANE~~
~~DALLAS TX 75204~~

2. Principal Place of Business
1700 ABBEY PLACE

3. Mailing Address
1700 ABBEY PLACE

Suite, Apt. #, etc.
SUITE 111

Suite, Apt. #, etc.
SUITE 111

City & State
CHARLOTTE, NC

City & State
CHARLOTTE, NC

DUE BY MAY 1, 2003

4. FEI Number 75-2731096

Applied For
Not Applicable

Zip
28209

Country
MECKLENBURG

Zip
28209

Country
MECKLENBURG

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

~~C T CORPORATION SYSTEM~~
~~1200 SOUTH PINE ISLAND ROAD~~
~~PLANTATION FL 33324~~

Name
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City
PLANTATION

FL Zip Code
33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

9. Capital Contributions as Shown on record. \$990.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # F02000001233
NAME MALLARD GP, INC.
STREET ADDRESS 1700 ABBEY PLACE, SUITE 111
CITY-ST-ZIP CHARLOTTE NC 28209

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-26-03 704-522-0456
Date Daytime Phone #

CR2E003 (10/02)

0017393 AT