

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002362**

1. Entity Name

LAFAYETTE I ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05

Principal Place of Business

**1819 PEACHTREE ROAD. NE. SUITE 610
ATLANTA GA 30309**

Mailing Address

**1819 PEACHTREE ROAD. NE. SUITE 610
ATLANTA GA 30309-1850**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3348 Peachtree Rd.

3. Mailing Address

3348 Peachtree Rd.

Suite, Apt. #, etc.

Suite 675

Suite, Apt. #, etc.

Suite 675

City & State

Atlanta, Ga.

City & State

Atlanta, Ga.

4. FEI Number

72-1402585

Applied For

Not Applicable

Zip

30326

Country

Zip

30326

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TAGUE, BRIAN P

201 BISCAYNE BLVD., 26TH FLOOR

MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$500,000

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 # **P97000092208**
NAME **LAFAYETTE I GP, INC.**
STREET ADDRESS **95 SOUTH FEDERAL HIGHWAY, SUITE 200**
CITY - ST - ZIP **BOCA RATON FL 33432**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

500003260045--9

-05/22/00--01004--003

******535.00 ****535.00**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 REQUIRED

David B. Songy

4/17/00

(404) 995-8170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2:003 (9/93)