Daytime Phone #

DOCUMENT # A97000002362 1. EVIDY Nation LARACTER I ASSOCIATES, LTD. Principal Place of Business Subs PACHTREE PO. STE 675 ATLANTA CA 3026 2. Principal Place of Business Subs PACHTREE PO. STE 675 ATLANTA CA 3026 3. Mailing Address Subs APA 8, etc. DUE BY MAY 1, 2002 City & State City &		MENT " AOZ	00000000			7 (· · · · · · · · · · · · · · · · · · ·	;	
Principal Place of Business 394 PRACHIEE RO. STE. 675 ATLANTA GA 38268 2. Principal Place of Business Suite. Apt. 6, ob. 2. Principal Place of Business Suite. Apt. 6, ob. 3. Mailing Address Suite. Apt. 6, ob. City & State			000002362	į			FILED		
Principal Place of Business 394 PRACHIEE RO. STE. 675 ATLANTA GA 38268 2. Principal Place of Business Suite. Apt. 6, ob. 2. Principal Place of Business Suite. Apt. 6, ob. 3. Mailing Address Suite. Apt. 6, ob. City & State	LAFAYE	TTE I ASSOCIATES, LTD.	•				12 MAR216. EU53	: 43	
Suite, Apt. #, etc. Suite, Apt. #, etc. Cry & State City & State Country Zip Country Zip Country Zip Country Size Apt. #, etc. Country Size Apt. #, etc. Country Zip Country Size Apt. #, etc. Country Size Apt. #, etc. Country Zip Country Size Apt. #, etc. Country Size Apt	3348 PEACHT	3348 PEACHTREE RD STE. 675 3348 PEACHTREE RD S				- ∤	SECRETARY OF STATE		
Suite, Apt. #, etc. Suite, Apt. #, etc. Cry & State City & State Country Zip Country Zip Country Zip Country Size Apt. #, etc. Country Size Apt. #, etc. Country Zip Country Size Apt. #, etc. Country Size Apt. #, etc. Country Zip Country Size Apt. #, etc. Country Size Apt					··				
City & State City & State City & State City & State Country C	2. Principal P	Place of Business	3. Mailing Address			1 1000	1 1001021 1010 10111 10011 00111 00211 00111 00111 00110 1100 1110 51115 1111 1001		
Zip Country Zip Country S. Certificate of Slatus Desired S. S. 75 Additional rea from Fooglished S. S. Certificate of Slatus Desired S. S. 75 Additional rea from Fooglished Real Registered Agent T. Name and Address of New Registered Agent Resourced Real Resourced Resourced Real Resourced Resourced Real Resourced Re	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DUE BY MAY 1,	2002	
Zip Country Zip Country S. Certificate of Status Desired Status De	City & Stat	е	City & State			4. FEI Numbe	72-1402585		
TAGUE, BRIAN P 201 BISCANNE BLVD., 26TH FLOOR MIAM! FL 33131 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE 9. Capital Corribbutions \$500,000.00 In Amount of Capital Contributions as Shown on record. A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MY NOT be changed on the form; an amendment must be filled notange a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT INVEST. 2P ODDIANATI GRANDINGS STREET ADDRESS OTY- ST- 2P OCCUMENT I MAKE STREET ADDRESS OTY- ST- 2P OT	Zip	Country	Zip	Countr	у	5. Certificate of		\$8.75 Additional	
TAGUE, BRIAN P 201 BISCAYNE BLVD., 26TH FLOOR MIAMI FL 33131 City FL Zip Code ARE SIGNATURE Signature, hybrid or printed named of regioners sport over time it accretions. SIGNATURE Signature, hybrid or printed named of regioners sport over time it accretions. City Capital Contributions Signature, hybrid or printed named of regioners sport over time it accretions. 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. COMMENT IN MAKE CITY-ST-ZIP POTOLOGUS SIGNATURE FLOORSS CITY-ST-ZIP COLOMANT I AND SIGNATURE FLOORSS CITY-ST-ZIP C		6. Name and Address of Cu	rrent Registered Agent			7. Name and	Address of New Registere		
201 BISCAYNE BLVD., 26TH FLOOR MIAMI FL 33131 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 9. Capital Contributions 9. Spoker syndor printed name of registered agent, or both, in the State of Florida. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY P\$7000092208 LAFYETTE I GP, INC. 3348 PEACHTREE RD., STE. 675 ATLANTA GA 30328 CITY-ST-ZIP CITY					Name				
City FL Zip Code 3. 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 9. Capital Contributions 8500,000.00 10. Amount of Capital Contributions 8500,000.00 11. MARE CHECK PAYABLE TO DEPT. OF STATE 8. ERVERSE SIDE FOR FEE INFORMATION A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ATTIVE 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 PARTINER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / INVA. SIREET ADDRESS LAFA TETTE I GP, INC. 3348 PEACHTREE RD, STE. 675 ATLANTA GA 30326 DOCUMENT / INVA. SIREET ADDRESS CITY-ST-ZIP DOCUMENT / INVA. SIREET ADDRES	201 BISC	AYNE BLVD., 26TH FLOOR]	Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE 9. Capital Contributions as Shown on record. A GENERAL PARTHER 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 14. P9700092208 LAAVETTE I CP, INC. 348 PEACHTREE RD, STE. 675 ATLANTA GA 30326 DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP DOCUMENT / STREET ADDRESS CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS ST	MIAMI FL	. 33131			City	Zip Code			
SIGNATURE 9. Capital Contributions as Shown on record. A GENERAL PARTHER 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 14. P9700092208 LAAVETTE I CP, INC. 348 PEACHTREE RD, STE. 675 ATLANTA GA 30326 DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP DOCUMENT / STREET ADDRESS CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS ST	O. The observe						in the State of Florida		\dashv
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	as Shown o	A GENERAL PARTN	ER THAT IS A BUSINESS EI	NTITY MU			CTIVE WITH THIS OFFI	CE.	N
NAME 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 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STRE	12.								
CITY-ST-ZIP	NAME	LAFAYETTE I GP, INC.	- c75	STREE	T ADDRESS				3
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP COCUMENT I NAME STREET ADDRESS CITY-ST-ZIP C				CITY-S	ST-ZIP	70)0005108 03/14/02	30573 01048023-	3
CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				STREE	T ADDRESS		****526.25	****526.29	5
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS	1			CITY-S	ST-ZIP				
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT## STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME			STREE	T ADDRESS		- , .	- 	
NAME STREET ADDRESS CITY-ST-ZIP DCCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS	,			CITY-S	ST-ZIP				
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS	NAME			STREE	T ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT I NAME STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP			CITY-S	ST-ZIP				
CITY-ST-ZIP DOCUMENT NAME STREET ADDRESS STREET ADDRESS	NAME			STREE	T ADDRESS				
NAME STREET ADDRESS	CITY-ST-ZIP			-				· · · · · · · · · · · · · · · · · · ·	
	NAME				<u> </u>				_
	14. I hereby of indicated the receiv	certify that the information supplie on this report is true and accurate ver or trustee empowered to execu-	d with this filing does not qualify for e and that my signature shall have ute this report as required by Chap	or the exeme e the same opter 620, FI	iption stated in legal effect as lorida Statutes	Section 119.07(3)(i) if made under oath;	, Florida Statutes. I further c that I am a General Partner	ertify that the informati of the limited partners	on hip or