2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   A97000002362

1. Entity Name
LAFAYETTE I ASSOCIATES, LTD.

FILED

03 MAY -6 PM 8: 39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business 3348 PEACHTREE RD., STE. 675 ATLANTA GA 30326	Mailing Address 3348 PEACHTREE RD., STE. 675 ATLANTA GA 30326

2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		**DUE BY MAY 1, 2003**	
City & State		City & State		**4.** FEI Number **72-1402585**	Applied For
					Not Applicable
Zip	Country	Zip	Country	**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
TAGUE, BRIAN P 201 BISCAYNE BLVD., 26TH FLOOR MIAMI FL 33131	Name David B. Songy Street Address (P.O. Box Number is Not Acceptable) 925 S. Federal Highway Suite 300 City Boca Raton FL Zip Code 33432

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.	**$500,000.00**	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 # P97000092208 NAME LAFAYETTE I GP, INC. STREET ADDRESS 3348 PEACHTREE RD., STE. 675 CITY-ST-ZIP ATLANTA GA 30326	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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #