

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000005

1. Entity Name

NORTH POINT LIMITED PARTNERSHIP NO. 2

FILLED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business Mailing Address
1025 Greenwood Blvd. Ste. 175 1025 Greenwood Blvd.
Lake Mary, FL 32746 Ste. 175
Lake Mary, FL 32746-5407

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. 4497 Park Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Norcross, GA Norcross, GA 59-3487799 Not Applicable

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

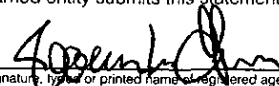
30093 USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
YERGLER, JON C.
215 N. Eola Drive
Orlando, FL 32801

7. Name and Address of New Registered Agent
Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City State Zip Code
Plantation FL 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.

SIGNATURE  Jeffrey R Graves 4/11/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required when reinstating) DATE
Assistant Secretary

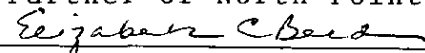
9. Capital Contributions as Shown on record. \$0.00 10. Amount of Capital Contributions in FLORIDA to date.

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 #	F97000004063	STREET ADDRESS	
NAME	Weeks Realty Services, Inc.	CITY-ST-ZIP	8000003264130-5
STREET ADDRESS	4497 Park Drive		-05/23/00--01111--013
CITY-ST-ZIP	Norcross, GA 30093		****141.25 ****141.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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. **Weeks Realty Services, Inc.,**
Managing Partner of North Point Limited Partnership No. 2

SIGNATURE:  Elizabeth C. Belden 770-717-3226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2F003 (01/00)