2000 UNIFORM BUSINESS REPORT (UBR)							341			
"OCUI	MENT # A980		FILEC SECRETARY 0 SIVISION OF COR) F STAT	•					
FAISON-WESTLAND LIMITED PARTNERSHIP						DIVISION OF CORPORATIONS				
						_	00 MAR 20 PM 12: 45			
Traipel Place of Business Mailing Address W. TRADE ST. SUITE 2550 121 W. TRADE ST. SUITE 3 H中華東京正正 NC 28202 CHARLOTTE NC 28202-1160							CB38.18181 (B11) 46114 661(6 6	1 561 58 111 58	ist dansk librar flekk (18) 1881	
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.			te, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number	62-1742260		Applied For Not Applicable	
Zip Country		Zip	Zip		try	5. Certificate of	of Status Desired		8.75 Additional	
<u></u>	6. Name and Address of Currer	t Register	ed Agent			7. Name and	Address of New Regi			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525					Name					
					Street Addres	s (P.O. Box Number	(P.O. Box Number is Not Acceptable)			
					City FL Zip Code			Zip Code		
The above	named entity submits this statement	for the purp	pose of changing its	registere	ed office or regis	stered agent, or both	n, in the State of Florida		al ^T	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A					d Agent signature requ	lired when reinstating)	11 MAKE CHECK F	DATE DAYARI F 1	O DEPT OF STATE	
. Capital Contributions as Shown on record. \$99.00 In FLORIDA to de				ate.			11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A GENERAL PARTNER NOTE: General Partners M	THAT IS	A BUSINESS EN be changed on th	TITY M ie form	UST BE REGI ; an amendm	ISTERED AND AG ent must be filed	CTIVE WITH THIS (I to change a gene	OFFICE. ral parti	ner.	
2. GENERAL PARTNER INFORMATION					ADDRESS CHANGES ONLY					
OCUMENT # WE REET ADDRESS	FCD-1997 G.P., INC. 121 W. TRADE ST./ 1999 INTERSTATE TOWER'			STREET ADDRESS		5TE 2550				
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OCUMENT#				STRE	EET ADDRESS					
REET ADDRESS Y - ST - ZIP				CITY	-ST-ZIP					

4. Thereby 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

by: FCO-1991 G. F., INC., GENERAL PARTNER

SIGNATURE: BY: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ASSISTANT SECRETAR Development of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

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Out of the limited partnership or the l Diane K Hunter 3-8-W 104-972-25W
ASSISTANT SECRETAR®

Daytime Phone #