

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002893

1. Entity Name
Sawgrass Limited Partnership No.1

FILED

00 APR 26 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1025 Greenwood Blvd. Suite 175 Lake Mary, FL 32746	Mailing Address 1025 Greenwood Blvd. Suite 175 Lake Mary, FL 32746
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4497 Park Drive
City & State	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE


City & State	City & State Norcross, GA	4. FEI Number 59-3551513	Applied For Not Applicable
Zip	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
YERGLER, JON C.
LOWNDES DROSDICK DOSTER KANTOR & REED
215 North 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 Plantation
State FL
Zip Code 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**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for change of registered agent.)
Assistant Secretary

DATE: 4/11/2000

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
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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.

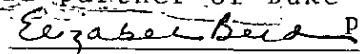
12. GENERAL PARTNER INFORMATION

DOCUMENT #	B95000000195
NAME	Weeks Realty, L.P.
STREET ADDRESS	4497 Park Drive
CITY - ST - ZIP	Norcross, GA 30093
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	FF \$141.25
STREET ADDRESS	
CITY - ST - ZIP	100003241561 - -3
STREET ADDRESS	-05/05/00--01032--024
CITY - ST - ZIP	***141.25 ***141.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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. By: Duke-Weeks Realty Corporation, the general partner of Duke-Weeks Realty Limited Partnership, general partner of Sawgrass Limited Partnership No. 1

SIGNATURE:  Elizabeth A. Reiden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
ELIZABETH A. REIDEN

DATE: 4/11/2000 DAYTIME PHONE #

CR27003 (4/00)