

2001 UNIFORM BUSINESS REPORT (UBR)

0020272 SP

DOCUMENT # **A98000002893**

1. Entity Name

SAWGRASS LIMITED PARTNERSHIP NO. 1

Principal Place of Business

**1025 GREENWOOD BLVD., SUITE 175
LAKE MARY FL 32746**

Mailing Address

**4097 PARK DRIVE
NORCROSS GA 30093**

FILED

01 APR 13 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3950 Shackelford Road

Suite, Apt. #, etc.

Suite 300

City & State

Duluth, GA

Zip

30096

Country

USA

4. FEI Number

59-3551513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

DOCUMENT # **B99000000219**
NAME **DUKES-WEEKS REALTY LTD**
STREET ADDRESS **8888 KEYSTONE AVE., STE 1200**
CITY-ST-ZIP **INDIANAPOLIS IN 46240**

DOCUMENT #
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

600 East 96th Street, Suite 100

CITY-ST-ZIP

Indianapolis, IN 46240

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 **Sawgrass Limited Partnership No. 1**
partner of **Sawgrass Limited Partnership No. 1**

SIGNATURE:

Elizabeth C. Belden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/11/01 770-717-3226

CR2E003 (11/00)