2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
02 APR 25 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000987 SP

DOCUMENT # A99000000283

1. Entity Name

PERIWINKLE PLACE PARTNERS, LTD.

Principal Place of Business	Mailing Address
C/O MARVIN S. ROSEN 222 LAKEVIEW AVENUE WEST PALM BEACH FL 33401	5775 PEACHTREE DUNWOODY ROAD S-1750 ATLANTA GA 30342

2. Principal Place of Business	3. Mailing Address
124 Johnson Ferry Road NE Suite, Apt. #, etc.	124 Johnson Ferry Road NE Suite, Apt. #, etc.
City & State: Atlanta GA	City & State: Atlanta GA
Zip: 30328 Country: USA	Zip: 30328 Country: USA

DUE BY MAY 1, 2002

4. FEI Number 58-2443895 ☐ Applied For ☐ Not Applicable

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
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$5,180,100.00	$ 2973,877	

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 #	L99000000929	STREET ADDRESS	
NAME	GG&A/PERIWINKLE LLC	CITY-ST-ZIP	
STREET ADDRESS	5775 PEACHTREE DUNWOODY ROAD		
CITY-ST-ZIP	ATLANTA GA 30342		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	400005451404--3 -05/03/02--01105--013
STREET ADDRESS			****526.25 ****526.25
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

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: _____ REQUIRED William C. Brown Jr. 4/22/02 404-231e-2280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #