

# 2000 UNIFORM BUSINESS REPORT (UBR)

000167 AF

DOCUMENT # A99000000792

1. Entity Name

NORTH POINT LIMITED PARTNERSHIP NO. 3

FILED

00 APR 26 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| Principal Place of Business<br>1025 GREENWOOD BLVD., SUITE 175<br>LAKE MARY FL 32746 | Mailing Address<br>1025 GREENWOOD BLVD., SUITE 175<br>LAKE MARY FL 32746-5407 |
|--|---|

|   |  |
|---|--|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>4497 Park Drive<br>Suite, Apt. #, etc. |
|---|--|

|                              |                              |   |                                |
|------------------------------|------------------------------|---|--------------------------------|
| City & State<br>Norcross, GA | City & State<br>Norcross, GA | 4. FEI Number<br>59-3578558                               | Applied For<br>Not Applicable  |
| Zip<br>30093                 | Country<br>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 ESQ.  
LOWNDES, DROSDICK, DOSTER, KANTOR, ET AL  
215 NORTH EOLA DR.  
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 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 when reinstating) 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<br>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 #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | B95000000135<br>WEEKS REALTY, L.P.<br>4497 PARK DRIVE<br>NORCROSS GA 30093 | STREET ADDRESS           |                       |
|   |  | CITY - ST - ZIP          | FF #141.25            |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS           |                       |
|   |  | CITY - ST - ZIP          | 500003241565-0        |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS           | -05/05/00--01092--025 |
|   |  | CITY - ST - ZIP          | ****141.25 ****141.25 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS           |                       |
|   |  | CITY - ST - ZIP          |                       |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS           |                       |
|   |  | CITY - ST - ZIP          |                       |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>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 North Point Limited Partnership No. 3

SIGNATURE: Elizabeth C. Belden 4/20/00 770-717-3226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)