

2001 UNIFORM BUSINESS REPORT (UBR)

001854 AF

DOCUMENT # **A99000001104**

1. Entity Name

SOFRAN INVERNESS (WAL), LTD.

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 808 THIRD ST., SUITE C NEPTUNE BEACH FL 32266	Mailing Address 808 THIRD ST., SUITE C NEPTUNE BEACH FL 32266
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2. Principal Place of Business		3. Mailing Address 245 Peachtree Center Ave, NE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2800	
City & State		City & State Atlanta, GA	
Zip	Country	Zip	Country
		30303-1227	USA

4. FEI Number 58-2486129	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name
Robert Rouleau

Street Address (P.O. Box Number is Not Acceptable)
808 Third Street, Suite C

City
Neptune Beach **FL** Zip Code
32266

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 **Robert Rouleau** *[Signature]* **3/13/01**
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. \$99.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # P00441	NAME THE SOFRAN CORPORATION	STREET ADDRESS	
STREET ADDRESS 808 THIRD ST., SUITE C	CITY-ST-ZIP NEPTUNE BEACH FL 32266	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

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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

The Sofran Corporation

SIGNATURE: By: *[Signature]* **3/13/01** **904-241-5104**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #
Robert Rouleau, President

CR2E003 (11/00)