

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** A99000001426

**1. Entity Name**

ATLANTA EXPRESSWAY PARTNERS LTD.

FILED

02 APR 26 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business** 777 BRICKELL AVE., STE. 1200  
MIAMI FL 33131

**Mailing Address** 777 BRICKELL AVE., STE. 1200  
MIAMI FL 33131



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

**4. FEI Number** 65-0957233

Applied For ☐ Not Applicable ☐

Zip Country

Zip Country

**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**

LEVENSHON, IRA M  
777 BRICKELL AVE., STE. 1200  
MIAMI FL 33131

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. **DATE** \_\_\_\_\_

**9. Capital Contributions** **\$1,000.00** **10. Amount of Capital Contributions** \_\_\_\_\_ **11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
as Shown on record in FLORIDA to date. **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 #	L99000005407	STREET ADDRESS	
NAME	ATLANTA EXPRESSWAY LLC	CITY-ST-ZIP	
STREET ADDRESS	777 BRICKELL AVE., STE. 1200		
CITY-ST-ZIP	MIAMI FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	700005450507--1
NAME		CITY-ST-ZIP	-05/03/02--01074--006
STREET ADDRESS			****141.25 ****141.25
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NAME		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**

**SIGNATURE:** \_\_\_\_\_ **4-18-02** **305-373-8400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)