

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002253

1. Entity Name  
EXUM PARTNERS, L.P.



FILED  
03 MAY -7 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O GEORGE W. HILLEGASS  
233 PEACHTREE STREET, NE. STE 815  
ATLANTA GA 30303

Mailing Address  
C/O GEORGE W. HILLEGASS  
233 PEACHTREE STREET, NE. STE 815  
ATLANTA GA 30303



2. Principal Place of Business  
C/O George W. Hillegass

3. Mailing Address  
C/O George W. Hillegass

Suite, Apt. #, etc.  
1200 Ashwood Pkwy, Ste 300

Suite, Apt. #, etc.  
1200 Ashwood Pkwy, Ste 300

City & State  
Atlanta, GA

City & State  
Atlanta, GA

Zip  
30338

Country  
USA

Zip  
30338

Country  
USA

4. FEI Number 62-1727721

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HILLEGASS, WILLIAM G  
427 NORTH 3RD STREET  
JACKSONVILLE FL 32250

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record. \$6,450,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 6,450,000

11. MAKE CHECK PAYABLE TO FL 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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EXUM, LLC  
C/O 233 PEACHTREE STREET, SUITE 815  
ATLANTA GA 30303

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
L 99000009305

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300018944993  
05/14/03--01060--021 \*\*526.25

BK

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: HELEN M. EXUM  
Helen M. Exum

4-15-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE