

2001 UNIFORM BUSINESS REPORT (UBR)

0019594 AF

DOCUMENT # B00000000017

1. Entity Name

HIGHLAND ASSOCIATES OF GEORGIA, L.P.

FILED

01 MAR -5 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1900 THE EXCHANGE
SUITE 180
ATLANTA GA 34748

Mailing Address

1900 THE EXCHANGE
SUITE 180
ATLANTA GA 34748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-6357465

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERRY T. NEAL, P.A.
1330 W CITIZENS BLVD
SUITE 701
LEESBURG FL 34748

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$400,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

13. ADDRESS CHANGES ONLY

DOCUMENT # F97000001094
NAME VANGUARD ASSOCIATES, INC.
STREET ADDRESS 1900 THE EXCHANGE SUITE 180
CITY-ST-ZIP ATLANTA GA 34748

STREET ADDRESS

400003819594--3

CITY-ST-ZIP

03/08/01 01116-002

****526.25 ****526.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TIMOTHY G. O'NEILL, JR.

Date

Daytime Phone #

1/30/01

(770) 955-8117

CR2E003 (11/00)