FILED
03 MAY 19 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000383

1. Entity Name
ALTA KEY, L.P.

500015756095
04/11/03--01057--011 **50.00

Principal Place of Business
1110 NORTHCHASE PARKWAY, SUITE 150
MARIETTA, GA 30067

Mailing Address
1110 NORTHCHASE PARKWAY, SUITE 150
MARIETTA, GA 30067

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 58-2587519 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2526

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. $5,750,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M00000002626	STREET ADDRESS	
NAME	WOOD ALTA KEY, L.L.C.		
STREET ADDRESS	1110 NORTHCHASE PARKWAY, SUITE 150	CITY-ST-ZIP	
CITY-ST-ZIP	MARIETTA, GA 30067		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			

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05/19/03--01060--011 **476.25

CR2E...(10/02)

STAPLE CHECK HERE

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: Elizabeth L Glover 4-01-03 770-951-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #