

2002 UNIFORM BUSINESS REPORT (UBR)

0019214 AB

DOCUMENT # B01000000164

1. Entity Name

ALTA CHASE, L.P.

APPROVED
AND
FILED

02 MAY 31 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Elec Access Code

0204



Principal Place of Business

3343 PEACHTREE ROAD, N.E., SUITE 1600
ATLANTA GA 30326

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, 2002

4. FEI Number

58-2627207

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

3,327,878

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

DATE

9. Capital Contributions
as Shown on record.

\$3,327,878.00

10. Amount of Capital Contributions
in FLORIDA to date.

3,327,878 -

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 # M01000001023
NAME WOOD ALTA CHASE, L.L.C.
STREET ADDRESS 1110 NORTHCHASE PARKWAY, SUITE 150
CITY-ST-ZIP MARIETTA GA 30067

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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LP 926 Temp ID

100005725851--8
-06/07/02--01052--029
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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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5-13-02

770-641-7464

Date

Daytime Phone #

CR2E003 (9/01)