## 2003 LIMITED PARTNERSHIP

UN	IFORM BUSINE	SS REPORT	(UBR)				
DOCUMENT # B0200000119  1. Entity Name FYC INVESTMENTS, LP				FILED 03 MAR 28 PM			
Principal Place of Business 215 GRAND AVENUE COCONUT, GROVE FL 33133		Mailing Address 200 GALLERIA PKWY. SE STE 525 420 ATLANTA GA 30339			SECRETARY OF STATE  TALLAHASSEE FI OF STATE		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address 200 GALLERIA PKWY SE Suite, Apt. #, etc.		SE .			
Jr-		SUITE 420			DUE BY MAY 1, 2003		
City & State		City & State ATLANTA			F 0 -0 2 C - 2 C	pplied For lot Applicab	
Zip	Country	Zip GA	3033°	7	5. Certificate of Status Desired S8.75 Ad Fee Require		
	Registered Agent	7. Name and Address of New Registered Agent Name					
GIBBS, W. TUCKER 215 GRAND AVENUE COCONUT GROVE FL 33133			Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code				
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent		egistered office or i	registere	ed agent, or both, in the State of Florida. I am familiar with	, and accep	
9. Capital Co as Shown	10. Amount of Capital in FLORIDA to dat	e. 1,400,		<del> </del>			
					ERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partner.		
12. GENERAL PARTNER INFORMATION			13.				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	POLLARD, SUSAN B 200 GALLERIA PKWY, SUITE 525 ATLANTA GA 30339		STREET ADDRESS CITY-ST-ZIP	AT.	DO GALLERIA PKWY SE, STO ZANTA, GA 30339	E 420	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	CRAIG, LOUIS V 4717 ROSWELL ROAD #0/2 ATLANTA GA 30342		STREET ADDRESS				
DOCUMENT #	BLACKWOOD, S. KIRKWOOD	· .	STREET ADDRESS		800014674248 03/25/0301921005 **\$26.2	i <b>c</b>	

STREET ADDRESS | 141 S. MCDONOUGH STREET CITY-ST-ZIP JONESBORO GA 30236 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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:

SUSAN B POLLARD

770 975 9675