

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B02000000419

1. Entity Name

CLAYTON-138, L.P.



FILED

03 MAY 30 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4102 Whitewater Creek Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 725589

Suite, Apt. #, etc.

City & State

Atlanta, GA 3

City & State

Atlanta, GA

Zip

30327

Country

US

Zip

31139-2589

Country

US

4. FEI Number

58-2050627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DUE BY MAY 1**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Howe D. Whitman

Street Address (P.O. Box Number is Not Acceptable)

1400 Grasslands Blvd., Unit 37

City

Lakeland

FL

Zip Code  
33803

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

2/24/03

9. Capital Contributions

as Shown on record: \$582,210.05

10. Amount of Capital Contributions

in FLORIDA to date: \$582,210.05

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 # F00000000146  
NAME Heritage Equities Incorporated  
STREET ADDRESS 4102 Whitewater Creek Road  
CITY-ST-ZIP Atlanta, GA 30327

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

Vincent B. Merkle, Jr, VP of the General Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/24/03 (404) 841-0605

CR2E003B (12/02)

STAPLE CHECK HERE