

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B93000000253**

1. Entity Name

POST APARTMENT HOMES, L.P., LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4401 NORTHSIDE PKWY., STE. 800
ATLANTA GA 30327**

Mailing Address
**4401 NORTHSIDE PKWY., STE. 800
ATLANTA GA 30327-3093**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **58-2053632**
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$25,802,022.00**
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 #	F97000005624	STREET ADDRESS		
NAME	POST GP HOLDINGS, INC.	CITY - ST - ZIP		
STREET ADDRESS	4401 NORTHSIDE PKWY., STE. 800			
CITY - ST - ZIP	ATLANTA GA 30327			
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
STREET ADDRESS				
CITY - ST - ZIP				

200003274712--1
-06/02/00--01048--022
*****150.00 ***150.00**

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.

BY: **Post GP Holdings, Inc., a Georgia corporation, its sole general partner,**
SIGNATURE: BY: [Signature] Sherry W. Cohen, EVP & Secretary 4/28/00 (404) 846-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #