

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000405

1. Entity Name

FIRST CONCORD, L.P., LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 10 PM 12:57

Principal Place of Business

~~6640 POWERS FERRY ROAD~~ 1300 PARKWOOD CIRCLE
ATLANTA GA 30339 Suite 400

Mailing Address

~~6640 POWERS FERRY ROAD~~ 1300 PARKWOOD CIRCLE
ATLANTA GA 30339-2913 STE 400



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1885301

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$0.00

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 # F92000000659
NAME FIRST CONCORD EQUITIES, INC.
STREET ADDRESS ~~6640 POWERS FERRY ROAD~~ 1300 PARKWOOD CIRCLE
CITY - ST - ZIP ATLANTA GA 30339 STE 400

STREET ADDRESS 1300 Parkwood Cr, Ste 400, Atlanta, GA 30339
CITY - ST - ZIP 1300 Parkwood Cr, Ste 400, Atlanta, GA 30339
1300 Parkwood Cr, Ste 400, Atlanta, GA 30339
1300 Parkwood Cr, Ste 400, Atlanta, GA 30339

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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

3.16.00 770 952 490
Date Daytime Phone #