


# 2000 UNIFORM BUSINESS REPORT (UBR)

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<b>DOCUMENT # B96000000120</b>			
1. Entity Name <b>FCD-JUPITER FARMS LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>121 W. TRADE ST. SUITE 2550 CHARLOTTE NC 28202</b>		Mailing Address <b>121 W. TRADE ST. SUITE 2550 CHARLOTTE NC 28202-1160</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. Capital Contributions as Shown on record. <b>\$50.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>F92000000164 FAISON CAPITAL DEVELOPMENT, INC. 121 W. TRADE ST., 1900 INTERSTATE TOWER CHARLOTTE NC 28202-5399</b>	STREET ADDRESS CITY - ST - ZIP	<b>STC2550</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>388883198153-0 -04/06/00--01052--018 ****141.25 ****141.25</b>
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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 <b>BY: FAISON CAPITAL DEVELOPMENT, INC., GENERAL PARTNER</b>			
SIGNATURE: <b>BY: SIGNATURE PROVIDED</b>		Diane K. Hunter 3-8-00 704-972-2500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		ASSISTANT SECRETARY Date Daytime Phone #	

**FILED**  
**00 MAR 23 PM 3:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)