

# 2002 UNIFORM BUSINESS REPORT (UBR)

0019230 AB

**DOCUMENT # B96000000245**

1. Entity Name

**S.W. 8TH STREET VENTURE, LTD.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAR 29



Principal Place of Business

**2600 CAMDEN GLEN COURT  
ROSWELL GA 30076**

Mailing Address

**2600 CAMDEN GLEN COURT  
ROSWELL GA 30076**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**65-0604638**

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

**BATCHELDER, DRAKE M**

**350 EAST LAS OLAS BLVD., STE. 1600**

**LAS OLAS CENTRE II**

**FT. LAUDERDALE FL 33301**

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.

DATE

9. Capital Contributions as Shown on record.

**\$1,000,000.00**

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 # **F97000006472**  
NAME **CAMDEN INVESTMENTS, INC.**  
STREET ADDRESS **2600 CAMDEN GLEN COURT**  
CITY-ST-ZIP **ROSWELL GA 30076**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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 file this report as provided by Chapter 620, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

2/5/02

404-231-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)