

2002-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000397

1. Entity Name

GABLES REALTY LIMITED PARTNERSHIP

Principal Place of Business

C/O THE CORPORATION TRUST COMPANY
1209 ORANGE ST., CORPORATE TRUST CENTER
WILMINGTON DE 19801

Mailing Address

2859 PACES FERRY ROAD, SUITE 1450
ATLANTA GA 30339

APPROVED
AND
FILED

02 MAY 28 PM 3: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

58-2077966

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

DEBORAH L. GENTRY

6551 PARK OF COMMERCE BLVD.

STE. 100

BOCA RATON FL 33487

Name

Joni K. Bastuba

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

Same address shown to left

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.

Joni K. Bastuba

DATE

4-22-02

9. Capital Contributions
as Shown on record.

\$20,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$20,000,000.00

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 # F96000005185
NAME GABLES GP
STREET ADDRESS 2859 PACES FERRY ROAD, SUITE 1450
CITY-ST-ZIP ATLANTA GA 30339

STREET ADDRESS

CITY-ST-ZIP

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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

Ashley L. Dwyer

4/18/02

(770) 436-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0006381
AT