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2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000397

1. Entity Name
GABLES REALTY LIMITED PARTNERSHIP

FILED
03 MAY -2 PM 6:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

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

2. Principal Place of Business	3. Mailing Address
2859 Paces Ferry Rd.	
Suite, Apt. #, etc. Ste. 1450	Suite, Apt. #, etc.
City & State Atlanta, GA	City & State
Zip 30339 Country US	Zip Country

DUE BY MAY 1, 2003

4. FEI Number 58-2077966 ☐ Applied For ☐ Not Applicable

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
BASTUBA, JONI K 6551 PARK OF COMMERCE BLVD. STE. 100 BOCA RATON FL 33487	Name Street Address (P.O. Box Number is Not Acceptable) 777 Yamato Road Suite 510 City Boca Raton FL Zip Code 33431

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. $20,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. 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	STREET ADDRESS	
NAME	GABLES GP		
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1450	CITY-ST-ZIP	
CITY-ST-ZIP	ATLANTA GA 30339		
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CR2E003 (10/02)

STAPLE CHECK HERE

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] Trewell 4/24/03 770-436-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #