

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006458 AT

DOCUMENT # B97000000182

1. Entity Name

LUCIEN POINTE, L.P.

APPROVED  
AND  
FILED

02 APR -5 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

TWO RAVINIA DRIVE, SUITE 400  
ATLANTA GA 30346-2104

Mailing Address

TWO RAVINIA DRIVE, SUITE 400  
ATLANTA GA 30346-2104



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

58-2306110

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.

DATE

9. Capital Contributions  
as Shown on record.

\$3,220,280.00

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 # B97000000181  
NAME MAITLAND INVESTMENTS, L.P.  
STREET ADDRESS TWO RAVINIA DRIVE, SUITE 400  
CITY-ST-ZIP ATLANTA GA 30346-2104

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # F96000003664  
NAME LINCOLN DESIGN/BUILD NO. 2, INC.  
STREET ADDRESS 500 NORTH ACKARD ST., SUITE 3300  
CITY-ST-ZIP DALLAS TX 75201

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 execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Barry L. Howell

Date

Daytime Phone #

3/4/02 770-481-3000

CR2E003 (9/01)