

2001 UNIFORM BUSINESS REPORT (UBR)

0019004 AB

DOCUMENT # **B97000000227**

1. Entity Name

AFG EQUITY, LTD.

FILED

01 MAY -1 PM 5:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**1000 BALLPARK WAY, SUITE 304
ARLINGTON TX 76011**

Mailing Address

**1000 BALLPARK WAY, SLITE 304
ARLINGTON TX 76011**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2808 Fairmount

3. Mailing Address

2808 Fairmount

Suite, Apt. #, etc.

Suite 250, LB9

Suite, Apt. #, etc.

Suite 250, LB9

City & State

Dallas, TX

City & State

Dallas, TX

4. FEI Number

75-2637939

Applied For

Not Applicable

Zip

75201

Country

USA

Zip

75201

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

- 0 -

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

DOCUMENT # **F97000002558**
NAME **ATLANTIC FINANCIAL MANAGERS, INC.**
STREET ADDRESS **1000 BALLPARK WAY, SUITE 304**
CITY-ST-ZIP **ARLINGTON TX 76011**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2808 Fairmount, Suite 250, LB9**
CITY-ST-ZIP **Dallas, TX 75201**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
3/12 5/15

STREET ADDRESS
CITY-ST-ZIP
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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: **✓ Jettu Keath Vice President**

4/19/01 214-303-1653 ext.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (11/00)