

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016992 AT

**DOCUMENT # B97000000227**

1. Entity Name

**AFG EQUITY, LTD.**

**FILED**

**02 MAY -3 AM 11: 05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**2808 FAIRMOUNT, SUITE 250  
DALLAS TX 75201**

Mailing Address  
**2808 FAIRMOUNT, SUITE 250  
DALLAS TX 75201**

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  
**75-2637939**

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. **\$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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **F97000002558**  
NAME **ATLANTIC FINANCIAL MANAGERS, INC.**  
STREET ADDRESS **2808 FAIRMOUNT, SUITE 250**  
CITY-ST-ZIP **DALLAS TX 75201**

STREET ADDRESS  
CITY-ST-ZIP

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**900005577189--4**  
**05/21/02 01057-003**  
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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:**

**STEPHEN BROOKSHIRE, PRESIDENT OF GENERAL PARTNER** 4/30/02 (214) 720-9237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE