

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000300

1. Entity Name

TOWNSEND PROPERTY TRUST LIMITED PARTNERSHIP

Principal Place of Business

210 W. PENNSYLVANIA AVENUE, SUITE 700
TOWSON MD 21204

Mailing Address

210 W. PENNSYLVANIA AVENUE, SUITE 700
TOWSON MD 21204-4532

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -7 PM 12:36



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1991239

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

CT 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,000.00

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 # F97000003136
NAME DWT ATRIUM, INC.
STREET ADDRESS 210 W. PENNSYLVANIA AVENUE, SUITE 700
CITY - ST - ZIP TOWSON MD 21204

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT # 1198000001512
NAME DWT ATRIUM GP, LLC
STREET ADDRESS 210 W. Pennsylvania Ave, 5-700
CITY - ST - ZIP Towson, MD 21204

STREET ADDRESS
CITY - ST - ZIP

per amend. filed
3/1/00

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Dennis W. Townsend 2/9/00 1900

Date

Daytime Phone #

CR2F003 (9/99)