

# B9700000567



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**WALK IN**

**PICK UP**

10/23/97



G.S.

CERTIFIED COPY

PHOTO COPY

FILING

Foreign/Ltd

1.) Weeks Tradeport Limited Partnership  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

6.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

7.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

8.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

9.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

10.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

FILED STATE'S  
SECRETARY OF CORP. OPERATIONS  
91 OCT 23 PM 12: 59  
DIVISION OF CORPORATION

000002330110--4  
-10/27/97--01050--025  
\*\*\*1785.00 \*\*\*1785.00

RECEIVED  
97 OCT 23 AM 10: 26  
DIVISION OF CORPORATION

G. TAX \_\_\_\_\_  
FILING \_\_\_\_\_  
R. AGENT FEE \_\_\_\_\_  
C. COPY \_\_\_\_\_  
M. STATE \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
25 FEE \_\_\_\_\_

000002330110--4  
-10/27/97--01050--025  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

Handwritten initials

10/23/97

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Weeks Tradeport Limited Partnership (Name of limited partnership as it is in the home state;

2. (If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Georgia (State of Formation) 4. October 22, 1997 (Date of Formation)

5. NRAI Services, Inc. (Name of Registered Agent for Service of Process)

6. 526 E. Park Avenue (Street Address of Registered Office) Tallahassee, Florida 32301 (City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

(Agent must sign on this line) Robert D. Fischer, Asst. Secretary

8. 4497 Park Drive, Norcross, Georgia 30093 (Address of registered office required in state of formation or, if not required, address of principal office.)

Table with 2 columns: NAMES OF GENERAL PARTNERS, SPECIFIC ADDRESS. Row 1: Weeks Development Partnership, 4497 Park Drive, Norcross, Georgia 30093. Includes handwritten ID: GP9700006577

10. 4497 Park Drive, Norcross, Georgia 30093 (Office where Names, Addresses and Contributions of Limited Partners are kept.)

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

Elizabeth C. Belden the Secretary

of Weeks Realty Services, Inc.,

BEFORE ME the undersigned personally appeared the Managing Partner of Weeks Development Partnership, Weeks Tradeport

a general partner of Limited Partnership, a Georgia limited partnership,

hereinafter referred to as the "Partnership", who certifies as follows:

- 1. The amount of capital contributions of the limited partners is \$ 3,960,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 3,960,000.00.

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Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 22nd day of October, 1997

General Partner: Weeks Development Partnership, a Georgia general partnership, by its Managing Partner, Weeks Realty Services, Inc., a Georgia corporation

By: Elizabeth C Belden General Partner

STATE OF GEORGIA

COUNTY OF GWINNETT

On this 22nd day of October, 1997, Elizabeth C. Belden

personally appeared before me, [X] who is personally known to me [ ] whose identity I proved on the basis of



Handwritten signature of Karen F. Correnty and her printed name.

Seal

My Commission Expires: 3/26/2000