

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **B97000000567**

1. Entity Name
WEEKS TRADEPORT LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APR 21 AM 3:05

Principal Place of Business
ATTN: GENERAL COUNSEL
4497 PARK DRIVE
NORCROSS GA 30093

Mailing Address
ATTN: GENERAL COUNSEL
4497 PARK DRIVE
NORCROSS GA 30093-2908



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 **58-2357775**

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

YERGLER, JON C
% LOWNDES, DROSDICK ET AL
215 N. EOLA DRIVE
ORLANDO FL 32801

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City
Plantation **FL** Zip Code
33324

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 **Jeffrey R. Graves** **4/11/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when terminating) Assistant Secretary DATE

9. Capital Contributions as Shown on record. **\$3,960,000.00**

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 # **GP9700000517**
NAME **WEEKS DEVELOPMENT PARTNERSHIP**
STREET ADDRESS **4497 PARK DRIVE**
CITY - ST - ZIP **NORCROSS GA 30093**

STREET ADDRESS

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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. By: **Weeks Realty Services, Inc.,** Managing Partner of Weeks Development Partnership, general partner of Weeks Tradeport Limited Partnership.

SIGNATURE: **Elizabeth C. Belden** **4/19/00** **770-717-3226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)