

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019377 AF

**DOCUMENT # B97000000567**

1. Entity Name

**WEEKS TRADEPORT LIMITED PARTNERSHIP**

**FILED**  
**01 APR 24 PM 5:31**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

ATTN: GENERAL COUNSEL  
 4497 PARK DRIVE  
 NORCROSS GA 30093

ATTN: GENERAL COUNSEL  
 4497 PARK DRIVE  
 NORCROSS GA 30093

2. Principal Place of Business

3. Mailing Address

3950 Shackelford Road

3950 Shackelford Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State

City & State

Duluth, GA

Duluth, GA

4. FEI Number

58-2357775

Applied For

Not Applicable

Zip

Country

30096

USA

Zip

Country

30096

USA

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 RD.  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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  
 CITY-ST-ZIP

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DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 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. By: **Weeks Realty Services, Inc.,** Managing Partner of Weeks Development Partnership, general partner of Weeks Tradeport, Limited Partnership.  
**SIGNATURE: Elizabeth C. Belden** *4/11/01* **770-717-3226**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)