

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002990 MB

DOCUMENT # B97000000663

1. Entity Name
HSI JAX, LP



FILED

03 OCT 10 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O CURRY CARTER & ASSOCIATES
4320 ROSWELL RD., N.E.
ATLANTA GA 30342

Mailing Address
C/O CURRY CARTER & ASSOCIATES
4320 ROSWELL RD., N.E.
ATLANTA GA 30342

2. Principal Place of Business

3. Mailing Address

4. Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State

City & State

4. FEI Number 58-2339155

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

SHAW, RALPH

% SKYLINE REALTY SERVICES

601 RIVERSIDE AVE., BUILDING 2, SUITE 650

JACKSONVILLE FL 32204

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # MS7000000828
NAME SOUTHERN PROPERTY INVESTORS, LLC
STREET ADDRESS 4320 ROSWELL ROAD, N.E.
CITY-ST-ZIP ATLANTA GA 30342

STREET ADDRESS

CITY-ST-ZIP

400023714054
10/10/03 01080 009 **400.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400023714054
10/10/03 01080 008 **141.25

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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

SIGNATURE:

SIGNATURE REQUIRED

7-25-03 404-252-3750 x1

Date

Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE