

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000690**

1. Entity Name

OVIEDO PROPERTIES LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 6:47



Principal Place of Business

1050 CROWN POINTE PKWY. SUITE 500
ATLANTA GA 30338-7702

Mailing Address

1050 CROWN POINTE PKWY. SUITE 500
ATLANTA GA 30338-7702

2. Principal Place of Business

5555 Glenridge Connector
Suite, Apt. #, etc.
700

3. Mailing Address

5555 Glenridge Connector
Suite, Apt. #, etc.
700

DO NOT WRITE IN THIS SPACE

City & State

Atlanta GA

City & State

Atlanta GA

4. FEI Number

58-2336084

Applied For

Not Applicable

Zip

30342

Country

Zip

30342

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

\$3,825,736.00

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

DOCUMENT # **B97000000689**
NAME **OVIEDO G.P. LIMITED PARTNERSHIP**
STREET ADDRESS **1050 CROWN POINTE PARKWAY, SUITE 500**
CITY - ST - ZIP **ATLANTA GA 30338-7702**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

900003191759-4
03/31/00-01062-016
*****526.25 ***526.25**

Handwritten initials

3/20

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

3/10/00
Date

Daytime Phone #

CR2E003 (9/99)