

9882000 MB

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**  
DOCUMENT # **B98000000117**  
Entity Name **H. CASSELBERRY, P**  
**REINSTATEMENT 2003**  
03 DEC 11 AM 10:07  
W12/11

Principal Place of Business  
**% DAVIS, MATTHEWS & QUIGLEY**  
**3400 PEACHTREE ROAD, SUITE 1400**  
**ATLANTA GA 30326**

Mailing Address  
**4320 ROSWELL ROAD, N.E.**  
**ATLANTA GA 30342**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WILDER, JAMES A</b>		Name	
<b>MCCAIN &amp; COMPANY</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>SUITE 245, 151 SOUTH HALL LANE</b>		<b>300023412013</b>	
<b>MAITLAND FL 32751</b>		City	
		<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$7,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>M97000000826</b> <b>SOUTHERN PROPERTY INVESTORS, LLC</b> <b>4320 ROSWELL ROAD, N.E.</b> <b>ATLANTA GA 30342</b>	STREET ADDRESS	
		CITY-ST-ZIP	<b>300023412013</b>
			<b>12/11/03 01019 011 **400.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT 2003</b>	STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	
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		CITY-ST-ZIP	
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		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]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**7/25/03 404-252-3750 x11**  
Date Daytime Phone #

CR2E003 (4/03)