2001 UNIFORM BUS	SINESS REPORT (UBR)
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DOCUMENT # B9800	0000133			FI	LED	
P-95/GLOBAL LIMITED PARTNERSHIP			01 APR 24 PM 4: 47			
Principal Place of Business 4497 PARK DRIVE NORCROSS GA 30093	Mailing Address 4497 PARK DRIVE NORCROSS GA 30093			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 3950 Shackleford Road Suite Apt. #, etc. Suite 300 City & State Duluth, GA Zip Country 30096 USA	3. Mailing Address 3950 Shack1 Suite, Apt. #, etc. Suite 300 City & State Duluth, GA Zip 30096	eford Ros	4.	DO NOT WRITE IN THE FEI Number 58-2375045 Certificate of Status Desired	9.5 10 Î	
6. Name and Address of Current F	Registered Agent	Name	7.	Name and Address of New Register	ed Agent	
		ddress (P.O.	Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND RD. RLANTATION FL 33324						
··		City	-	Î	Zip Code	
87 The above named entity submits this statement for	the purpose of changing its	registered office or	registered a	gent, or both, in the State of Florida.		
SIGNATURE Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE	- Peristered Agent signati	ing required when	rainstation) DAI	re	
9. Capital Contributions 67 000 000 00	10. Amount of Capital Contributions		ile iedolieo wieli	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
A GENERAL PARTNER T	in FLORIDA to da	TITY MUST BE I	REGISTER	ED AND ACTIVE WITH THIS OFF	ICE.	
NOTE: General Partners MA 12. GENERAL PARTNER		13.	nament mi	ust be filed to change a general ADDRESS CHANGES		
DOCUMENT # M9800000199 NAME WEEKS P-95, LLC		STREET ADDRESS	3950	Shackleford Road,	Suite 300	
STREET ADDRESS 4497 PARK DRIVE CITY-ST-ZIP NORCORSS GA 30093		CITY-ST-ZIP	Dulut	h, GA 30096	`	
DOCUMENT # NAME		STREET ADDRESS				
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DOCUMENT # NAME		STREET ADDRESS		-00000408 -04/30/01	68303 -01003024	
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DOCOMENT #		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		- Alban Alban		
14. I hereby certify that the information supplied with indicated on this report is true and accurate and the receiver or trustee empowered to execute this Corporation, the sole ge sole Member of Jeeks –9 SIGNATURE:	hat my signature shall have to report as required by Chapt	the same legal effec er 620, Florida Stat	ct as if made utes Rv:	under oath; that I am a General Partne Duke Business Ce	r of the limited partnership or nters	