

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

141.25

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AT

DOCUMENT # B98000000256

1. Entity Name
GOVERNOR'S SQUARE ASSOCIATES, LTD.



FILED
03 MAY -8 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1800 VALLEY VIEW LANE, #300
DALLAS TX 75234

Mailing Address
1800 VALLEY VIEW LANE, #300
DALLAS TX 75234



2. Principal Place of Business
1700 ABBY PLACE
Suite, Apt. #, etc.
SUITE 111
City & State
CHARLOTTE, NC
Zip
28209 Country
MOLDBROOK

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip
Country

DUE BY MAY 1, 2003

4. FEI Number **75-2759726** Applied For
Not Applicable

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. 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. **\$10.00**

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 #	F98000002299	STREET ADDRESS	
NAME	ART-FLORIDA PARTNERS II, INC.	CITY-ST-ZIP	
STREET ADDRESS	1800 VALLEY VIEW LANE, #300		
CITY-ST-ZIP	DALLAS TX 75234		
DOCUMENT #	F21524	STREET ADDRESS	
NAME	INVESTORS GENERAL, INC.	CITY-ST-ZIP	
STREET ADDRESS	1226 COMMERCE STREET, SUITE 300		
CITY-ST-ZIP	DALLAS, TX 75202-4328		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: *Jan E. Hill* **SIGNATURE REQUIRED** **4-30-03** **704-522-0456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)