2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9800000382				,	
SWAN BUILDING, LP			FILED		
SWAN BUILDING, E.P. CONTROL STATES ST			00 FEB -7 PM 4: 15		
Principal Place of Business Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA		FSTATE
3224 PACES BEND COURT 3224 PACES BEND COURT ATLANTA GA 30327 ATLANTA GA 30327-2447				TALLAHASSEE	FLORIDA
ATLANTA GA 30327 ATLANTA GA 30327-2447				h (Bentuk (Gib (Gib) (Gir) Abin) Adine Phili	
2. Principal Place of Business 3. Mailing Address			1 0 1 1 1 1 1 1 1 1		
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	City & State			4. FEI Number 58-2395509	Applied For Not Applicate
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		
COPPORATION OF DIRECT COMPANY			Street Address (P.O. Box Number is Not Acceptable)		
CORPORATION SERVICES COMPANY 1201 HAYS STREET		St			
TALLAHASSEE FL 32301					
		С	City FL Zip Code		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	ont and title if applicable. (NOTE: 9	Registered Ager	ent signature required	when reinstating)	MATE
9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital 6 in FLORIDA to date	e.		SEE REVERSE SIC	ABLE TO DEPT. OF STATE DE FOR FEE INFORMATION
A GENERAL PARTNER NOTE: General Partners	RTHAT IS A BUSINESS ENTI MAY NOT be changed on the	ITY MUST form; an	T BE REGIST n amendment	TERED AND ACTIVE WITH THIS OF t must be filed to change a genera	FICE. I partner.
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY					
DOCUMENT # F98000003260 NAME STREET ADDRESS 3224 PACES BEND COURT		STREET AD	DORESS		
		CITY-ST-Z	.7IP		-
CITY-ST-ZIP ATLANTA GA 30327	Y-ST-ZIP ATLANTA GA 30327				
DOCUMENT#	ET ADDRESS CIT		PRETADORESS 900021220092 Y-ST-ZIP -02/08/0001111026 ****141.25 ****141.25		
STREET ADORESS CITY-ST-ZIP					01111028
NAME		STREET AD	DORESS	. 4	<u></u> 5.:
		CITY-ST-Z	ZIP		
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-Z	ZIP		
DOCUMENT# NAME ::		STREET AD	DORESS		· -
STREET ADDRESS CITY-ST-ZIP		CITY-ST-Z			·
14. I hereby certify that the information supplied v indicated on this report is true and accurate a the receiver or trustee empowered to execute	vith this filing does not qualify for th nd that my signature shall have the his report as required by Chapter	he exempti e same leg r 620, Florid	tion stated in Se gal effect as if m ida Statutes	ection 119.07(3)(i), Florida Statutes. I furthe nade under oath; that I am a General Partr	er certify that the information ner of the limited partnership