

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** B99000000219

1. Entity Name

Duke-Weeks Realty Limited Partnership

FILED

00 JUN 15 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| Principal Place of Business<br>8888 Keystone Avenue<br>Suite 1200<br>Indianapolis, IN 46240 | Mailing Address<br>8888 Keystone Avenue<br>Suite 1200<br>Indianapolis, IN 46240 |
|---|---|

|   |  |
|---|--|
| 2. Principal Place of Business<br>8888 Keystone Crossing<br>Suite, Apt. #, etc. | 3. Mailing Address<br>4497 Park Drive<br>Suite, Apt. #, etc. |
|---|--|

DO NOT WRITE IN THIS SPACE

|              |                                    |   |                                |
|--------------|------------------------------------|---|--------------------------------|
| City & State | City & State<br>Norcross, GA 30093 | 4. FEI Number<br>35-1898425                               | Applied For<br>Not Applicable  |
| Zip          | Country                            | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

|  |
|--|
| 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. 100,000,000.00

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                     |   | 13. ADDRESS CHANGES ONLY      |   |
|---|---|-------------------------------|---|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | F99000002966<br>Duke-Weeks Realty Corporation<br>8888 Keystone Avenue, Suite 1200<br>Indianapolis, IN 46420 | STREET ADDRESS<br>CITY-ST-ZIP | 8888 Keystone Crossing, Suite 1200<br>200003300422--5 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP | -06/22/00--01011--026<br>***1387.50 ***926.25         |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |   |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |   |

*FF Gaskin*

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 **By Duke-Weeks Realty Corporation**

SIGNATURE: \_\_\_\_\_

*John R. Gaskin*

John R. Gaskin, VP & Sec. 6/9/00

770-638-2610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #