

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000362

1. Entity Name

ST. CHARLES PARTNERS, L.P.

APPROVED
AND
FILED

00 MAR 20 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 328



DO NOT WRITE IN THIS SPACE

Principal Place of Business (Street)
5555 GLENRIDGE CONNECTOR, SUITE 700
ATLANTA GA 30342

Mailing Address
5555 GLENRIDGE CONNECTOR, SUITE 700
ATLANTA GA 30342-4758

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2495584

Applied For

Not Applicable

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

C T 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.

\$1,794,186.00

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 (SEE INSTRUCTIONS)

13. ADDRESS CHANGES ONLY

DOCUMENT # M99000001590
NAME ST. CHARLES G.P., L.L.C.
STREET ADDRESS 5555 GLENRIDGE CONNECTOR, SUITE 700
CITY - ST - ZIP ATLANTA GA 30342

STREET ADDRESS

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:

~~SIGNATURE~~ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/10/00

Date

Daytime Phone #

CR2E003 (9/99)