

2000 UNIFORM BUSINESS REPORT (UBR)

DATE: 1/17

DOCUMENT # B99000000377
 1. Entity Name
STEMBLER RESOURCES, LP

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 FEB 14 AM 10:16

Principal Place of Business 2999 PIEDMONT ROAD, SECOND FLOOR ATLANTA GA 30305	Mailing Address 2999 PIEDMONT ROAD, SECOND FLOOR ATLANTA GA 30305-2768
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State
Zip	Country

4. FEI Number 58-2470471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$873,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
DOCUMENT #	M99000001633
NAME	STEMBLER MANAGEMENT COMPANY, LLC
STREET ADDRESS	2999 PIEDMONT ROAD, SECOND FLOOR
CITY - ST - ZIP	ATLANTA GA 30305
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	<i>mf 2/24/00</i>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	100003153201--2 -03/01/00--01085--006 ***526.25 ***526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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: *WILLIAM J. STAMBERG* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Date **2/27/00** Daytime Phone # **912 634 5192**

CR2E003 (9/99)