

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 08:00 AM
Secretary of State

DOCUMENT # B99000000377

1. Entity Name
STEMBLER RESOURCES, LP

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

City & State ATLANTA GA	City & State ATLANTA GA	4. FEI Number 58-2470471	Applied For Not Applicable
Zip 30305	Country	Zip 30305	Country

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 US

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 _____ DATE **03/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 873,000.00	10. Amount of Capital Contributions in FLORIDA to date. 873,000.00
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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	
DOCUMENT #	STEMBLER MANAGEMENT COMPANY, LLC
NAME	2999 PIEDMONT ROAD, SECOND FLOOR
STREET ADDRESS	ATLANTA GA 30305
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	2999 PIEDMONT ROAD
CITY-ST-ZIP	ATLANTA GA 30305
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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. Stembler **GP** **03/01/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)