2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # B9900000377 1. Entity Name | | | | | | | FILED | | |
|--|---|--|---|--------------------|--|--|---|---|--|
| STEMBLER RESOURCES, LP | | | | | | 02 MAR 15 AM 9: 30 | | | |
| | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| Principal Place of Business 2999 PIEDMONT ROAD ATLANTA GA 30305 Mailing Address 2999 PIEDMONT ROAD ATLANTA GA 30305 | | | | | | | | E FLORIDA | |
| Principal Place of Business 3. Mailing Address | | | | | | | | | |
| | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | DUE BY MAY 1, 2002 | | | |
| City & State City & State | | | | | 4. FEI Number 58-2470471 Applied For Not Applied For | | | Applied For Not Applicable | |
| Zip | | Country | Zip | Cour | ntry | 5. Certificate of | f Status Desired | \$8.75 Additional Fee Required | |
| | 6. Name | and Address of Current | Registered Agent | | Name | 7. Name and Address of New Registered Agent Name | | | |
| C T CORPORATION SYSTEM | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | | Circle Address (F.O. Box Number is Not Acceptable) | | | | |
| FEATIATION FE 33324 | | | | | City | □ Zip Code | | | |
| 8. The above named entity submits this statement for the purpose of changing its reg | | | | | ed office or registe | / FL -7 | | | |
| | | | | Ū | ŭ | 3 . , , | | | |
| SIGNATURE . | | or printed name of registered agent | | | | | | ATE | |
| 9. Capital Co as Shown | on record. | \$873,000.00 | 10. Amount of Capit in FLORIDA to d | ate. | | | SEE REVERSE SID | ABLE TO DEPT. OF STATE DE FOR FEE INFORMATION | |
| | NOTE: | General Partners MA | HAT IS A BUSINESS EN Y NOT be changed on t | NTITY M he form | IUST BE REGIS n; an amendme | TERED AND AC nt must be filed | TIVE WITH THIS OF to change a genera | FICE. | |
| 12. | GENERAL PARTNER INFORMATION M9900001633 | | | | | ADDRESS CHANGES ONLY | | | |
| NAME | STEMBLER MANAGEMENT COMPANY, LLC | | | | EET ADORESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | A1 0000F | w known as anagement Com | CITY | -ST-ZIP LLC | | | | |
| DOCUMENT # | | | | | ET ADDRESS | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | CITY | -ST-ZIP | 7000051464272 -03/22/0201048017 | | | |
| DOCUMENT# | | | | STRE | ET ADDRESS | · • • • • • • • • • • • • • • • • • • • | *****526.25 | 5 ****526.25 | |
| NAME STREET ADDRESS | | | | - | -ST-ZIP | | | | |
| CITY-ST-ZIP DOCUMENT# | | · · · · · · · · · · · · · · · · · · · | | 1 | -31-21 | | | | |
| NAME Street address | | / | | STRE | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | | CITY | -ST-ZIP | | | | |
| DOCUMENT # NAME | | | | STRE | ET ADDRESS | | | | |
| STREET_ADDRESS CITY-ST-ZIP | | | | CITY | -ST-ZIP | | | | |
| DOCUMENT # | | · · · · · · · · · · · · · · · · · · · | - | STRE | ET ADDRESS | | | | |
| STREET ADDRESS City-St-Zip | | | | CITY- | -ST-ZIP | · | | | |
| 14. I hereby c | ertify that the | information supplied with is true and accurate and | this filing does not qualify for | the exer | mption stated in Se | ection 119.07(3)(i), l | Florida Statutes, I further | r 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PRATTER. | | | | | | | | | |