

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000417

1. Entity Name

BEACON STATION 22, 23 AND 24 LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 28 PM 1:29

Principal Place of Business

LEGAL DEPT.-C/O SUSAN WHITLATCH  
1650 PRUDENTIAL DRIVE, SUITE 400  
JACKSONVILLE FL 32207

Mailing Address

LEGAL DEPT.-C/O SUSAN WHITLATCH  
1650 PRUDENTIAL DRIVE, SUITE 400  
JACKSONVILLE FL 32207-8166

2. Principal Place of Business

10199 Southside Blvd

Suite, Apt. #, etc.  
Suite 108

City & State

3. Mailing Address

10199 Southside Blvd

Suite, Apt. #, etc.  
Suite 108. Attn. Legal Dept

City & State

DO NOT WRITE IN THIS SPACE

Zip  
32256

Country

Zip  
32256

Country

4. FEI Number

59-3595038

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDDINS, HEIDI  
ONE MALAGA STREET  
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name  
Karl B. Hanson, III  
Street Address (P.O. Box Number is Not Acceptable)  
10199 Southside Blvd., #108  
City  
Jacksonville FL Zip Code  
32256

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 Karl B. Hanson, III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-00

9. Capital Contributions as Shown on record.

\$47,000,000.00

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

DOCUMENT # P99000028602  
NAME GCC BEACON 22, 23 & 24, INC.  
STREET ADDRESS 1650 PRUDENTIAL DRIVE, SUITE 400  
CITY-ST-ZIP JACKSONVILLE FL 32207

DOCUMENT # M99000000653  
NAME WEEKS MBS, LLC  
STREET ADDRESS 4497 PARK DRIVE  
CITY-ST-ZIP NORCROSS GA 30093

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  
CITY-ST-ZIP 100003314961--7  
-07/06/00--01059--013

STREET ADDRESS  
CITY-ST-ZIP 100003314961--7  
-07/06/00--01059--014  
\*\*\*\*88.75 \*\*\*\*88.75  
\*\*\*\*437.50 \*\*\*\*437.50

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: Karl B. Hanson, III Asst. Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-18-00

904.279.3133