

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90023 023 \*\*\*\*50.00

**DOCUMENT # MO1000000708**

1. Entity Name

**P-95 GLOBAL (FLORIDA), LLC**

Principal Place of Business

**C/O DUKE-WEEKS REALTY CORP.**  
**3950 SHACKELFORD RD., STE. 300**  
**DULUTH GA 30096-828**

Mailing Address

**C/O DUKE-WEEKS REALTY CORP.**  
**3950 SHACKELFORD RD., STE. 300**  
**DULUTH GA 30096-828**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0823086

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MBR ☐ Delete  
 NAME Duke Construction Limited Partnership  
 STREET ADDRESS 3950 Shackleford Rd., Ste. 300  
 CITY-ST-ZIP Duluth, GA 30096

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. By: **Duke Business Centers Corporation, sole general partner of Duke Construction Limited Partnership, sole member of P-95 Global (Florida), LLC**

SIGNATURE: *John R. Gaskin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-10-02

770-717-3200

CR2E083 (9/01)