

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B97000000136

1. Entity Name
SEDOWICZ PROPERTIES, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 14 AM 10:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5555 OAKBROOK PARKWAY, SUITE 355
NORCROSS GA 30093

Mailing Address
5555 OAKBROOK PARKWAY, SUITE 355
NORCROSS GA 30093

2. Principal Place of Business
5300 OAKBROOK PRKY
Suite, Apt. #, etc.
SUITE 135

3. Mailing Address
5300 OAKBROOK PARKWAY
Suite, Apt. #, etc.
SUITE 135

City & State
NORCROSS, GA

City & State
NORCROSS, GA

Zip
30093 Country
GEORGIA

Zip
30093 Country
GEORGIA

4. FEI Number
58-2283575

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33327

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. **\$500.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	5300 OAKBROOK PARKWAY, SUITE 135
NAME	SEDOWICZ, LOIS J	CITY-ST-ZIP	NORCROSS, GA 30093
STREET ADDRESS	5555 OAKBROOK PARKWAY, SUITE 355		
CITY-ST-ZIP	NORCROSS GA 30093		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	300003370153--0
STREET ADDRESS			08/23/00 01101 010
CITY-ST-ZIP			****541.25 ****541.25
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (5/00)

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: *Lois Sedowicz* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____