

# 2002 UNIFORM BUSINESS REPORT (UBR)

0018236 AB

**DOCUMENT # B97000000136**

1. Entity Name  
**SEDOWICZ PROPERTIES, L.P.**

FILED

02 APR -1 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>5300 OAKBROOK PARKWAY, STE. 135 NORCROSS GA 30093</b>	Mailing Address <b>5300 OAKBROOK PARKWAY, STE. 135 NORCROSS GA 30093</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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**DUE BY MAY 1, 2002**

City & State	City & State	4. FEI Number <b>58-2283575</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>SEDOWICZ, LOIS J</b>	STREET ADDRESS	
NAME	<b>5300 OAKBROOK PARKWAY, STE. 135</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>NORCROSS GA 30093</b>		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<b>300005195263--5</b>
NAME		CITY-ST-ZIP	<b>-04/05/02--01039--029</b>
STREET ADDRESS			<b>****141.25 ****141.25</b>
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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: *Lois Sedowicz* **SIGNATURE REQUIRED** *Lois Sedowicz* 3-27-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE