

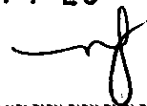
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A21392

1. Entity Name
WILDWOOD DALE MABRY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 19 PM 1:25




DO NOT WRITE IN THIS SPACE

Principal Place of Business
**ONE CONCORD GATE, SUITE 400
NORTH YORK, ONTARIO
CANADA M3C 3N6**

Mailing Address
**P.O. BOX 3324
TAMPA FL 33601-3324**

2. Principal Place of Business
230 BLOOR ST. W.

3. Mailing Address
Suite, Apt. #, etc.

City & State
TORONTO, ONT.

City & State

4. FEI Number **59-2549915**

Applied For
Not Applicable

Zip **M5S 1T8** Country **CDA.**

Zip Country

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

6. Name and Address of Current Registered Agent

**KELLY, PETER J
501 EAST KENNEDY, SUITE 1400
TAMPA FL 33602**

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. **\$2,000,000.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	P98000076540 WILDWOOD DALE MABRY INC ONE CONCORD GATE, SUITE 200 NORTH YORK, ONTARIO, CANADA
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	230 BLOOR ST., SECOND FLOOR TORONTO, ONTARIO, CANADA
STREET ADDRESS CITY - ST - ZIP	M5S 1T8
STREET ADDRESS CITY - ST - ZIP	600003337376--6 -07/26/00--01104--008 ****526.25 ****526.25
STREET ADDRESS CITY - ST - ZIP	
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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: **SIGNATURE REQUIRED**  **GABRIEL TSAMPALIEROS** (416) 324-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **AP 24 9 110**
2000

CR2E003 (9/99)