

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29325**

1. Entity Name

LWLD, LTD.

Principal Place of Business

**1665 PALM BEACH LAKES BOULEVARD, STE 610
WEST PALM BEACH FL 33401**

Mailing Address

**353 W. LANCASTER AVENUE, SUITE 210
WAYNE PA 19087**

2. Principal Place of Business

3. Mailing Address

10 Camris Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEWTOWN SQUARE, PA

Zip

Country

Zip

Country

19073

US

FILED

01 FEB -5 AM 10:49

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1287632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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

9. Capital Contributions
as Shown on record.

\$12,100,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

12,100,000

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 # **P95000067094**
NAME **GHLWLD, INC.**
STREET ADDRESS **1665 PALM BEACH LAKES BOULEVARD, STE 610**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ROBERT D. GIUSEPPE
ASST SEC GEN G.P.

Date

Daytime Phone #

1/23/01 610-355-8000