


# 2001 UNIFORM BUSINESS REPORT (UBR)

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<b>DOCUMENT # A30604</b> 1. Entity Name <b>WILT'S OF BOCA RATON, LTD.</b>						<b>FILED</b> 01 FEB 19 AM 11:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>7777 GLADES ROAD, SUITE 310 BOCA RATON FL 33434</b>			Mailing Address <b>7777 GLADES ROAD, SUITE 310 BOCA RATON FL 33434</b>			DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number <b>65-0206479</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SCHMIER, ROBERT J</b> <b>7777 GLADES ROAD, SUITE 310</b> <b>BOCA RATON FL 33434</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
9. Capital Contributions as Shown on record.		<b>\$1,200,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				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: _____				2/13/01 Date			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>Robert Schmier</b>				Daytime Phone # _____			

CR2E003 (11/00)