2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32703

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

W/L GB ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
3250 MARY STREET STE. #500 MIAMI FL 33133 US	3250 MARY STREET STE. #500 MIAMI FL 33133-5232 US

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 65-0327271 ☐ 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
WEISER, SHERWOOD M. 3250 MARY STREET, 5TH FLOOR MIAMI FL 33133	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$66,333.00	157,581.00	

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 #	V22401	STREET ADDRESS	
NAME	W/L GB, INC.	CITY-ST-ZIP	ADD: 33133
STREET ADDRESS	3250 MARY STREET, 5TH FL		
CITY-ST-ZIP	MIAMI FL		
DOCUMENT #	F97000000787	STREET ADDRESS	
NAME	GB (MIAMI) OPERATING CORPORATION	CITY-ST-ZIP	FF $526.25
STREET ADDRESS	10777 WESTHEIMER, SUITE 1000		
CITY-ST-ZIP	HOUSTON TX 77042		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	800003313008--1
STREET ADDRESS			-07/05/00--01070--002
CITY-ST-ZIP			****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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: WPETERTEMLING V.P SIGNATURE REQUIRED W/L GB INC, G.P 4/25/00 (305) 446 2493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #