

2002 UNIFORM BUSINESS REPORT (UBR)

0016444 AT

DOCUMENT # A93000000142

1. Entity Name
W.C.W. HOLDINGS, LTD.

FILED
02 FEB -7 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7200 SW 196TH TERRACE OKEECHOBEE FL 34974	Mailing Address 7200 SW 196TH TERRACE OKEECHOBEE FL 34974
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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DUE BY MAY 1, 2002

4. FEI Number 65-0392893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOWICKI, MARK J
14155 U.S. HIGHWAY ONE, SUITE 302
JUNO BEACH FL 33408

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$24,371,900.00	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

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	GRIGSBY, WILLIAM R TRUSTEE 7200 SW 196TH TERRACE OKEECHOBEE FL 34974
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	GRIGSBY, CAROLYN B TRUSTEE 7200 SW 196TH TERRACE OKEECHOBEE FL 34974
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	600004915796--3 -02/13/02--01072--014 ****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: *Signature* **2-4-02 863-467-0811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)