2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

DOCUMENT # A9300000142 1. Entity Name W.C.W. HOLDINGS, LLLP							
Principal Place of Business 7200 SW 196TH TERRACE 7200 SW 196TH TERRACE OKEECHOBEE FL 34974 OKEECHOBEE FL 34974						03 APR 15 PM 3:01	
2. Principal Place of Business 3. Mailing Address					<u> </u>		
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY 1, 2003	
City & Stat	 	City & State	State		4. FEI Number 65-0392893 Applied For Not Applicable		
Zip	•	Country	Zip	Zip Country		5. Certificate of Status Desired	
6. Name and Address of Current			Registered Agent	Istered Agent		7. Name and Address of New Registered Agent	
NOUTOU	114014 1				Name		
•	NOWICKI, MARK J					Street Address (P.O. Box Number is Not Acceptable)	
14155 U.S. HIGHWAY ONE, SUITE 302					Silver Address (1.0). Dox Number is 110; Acceptable)		
JUNO BE	ACH FL 33	408					
					City FL Zip Code		
			the purpose of changing its	register	ed office or registere	ed agent, or both, in the State of Florida. I am familiar with, and accept	
the obligat	ions of regis	tered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.							
9. Capital Contributions as Shown on record. \$24,371,900.00 In FLORIDA to date.					outions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE	
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 12. GENERAL PARTNER INFORMATION					13. ADDRESS CHANGES ONLY		
DOCUMENT /						ADDRESS CHANGES ONE!	
NAME				STRE	ET ADDRESS		
STREET ADDRESS 7200 SW 196TH TERRACE				CITY	-ST-ZIP		
ITY-ST-ZIP OKEECHOBEE FL 34974					-51-21	100016076531	
DOCUMENT # NAME	l =				ET ADDRESS	04/15/0301072002 **526.25	
STREET ADDRESS CITY-ST-ZIP		196TH TERRACE DBEE FL 34974		CITY	-ST-ZIP		
DOCUMENT # NAME		WILLIAM JR.		STRE	ET ADDRESS		
STREET ADDRESS ! CITY-ST-ZIP	ADDRESS 4624 DREW COURT			CITY	-ST-ZiP .		
DOCUMENT #		<u>=======</u>		STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
DOCUMENT # NAME				STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	· ST-ZIP	M THOMAS	
DOCUMENT # NAME	,				ET ADDRESS	***************************************	
STREET ADDRESS CITY-ST-ZIP				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							

4-10-03

Daytime Phone #