

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001050

1. Entity Name
WILJOHN, LTD.

FILED
00 MAR 13 AM 11:39

Principal Place of Business Mailing Address
~~2120 INDIAN ROAD~~ ~~2120 INDIAN ROAD~~
WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409-3222



2. Principal Place of Business 3. Mailing Address
2101 Indian Road *2101 Indian Road*

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0607038** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCALLISTER, WILLIAM S
2120 INDIAN ROAD
WEST PALM BEACH FL 33409

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 _____
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. **\$9,800.00** 10. Amount of Capital Contributions in FLORIDA to date.

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 #	P95000051701	STREET ADDRESS	<i>2101 Indian Road</i>
NAME	MB HOLDING CORP.	CITY - ST - ZIP	
STREET ADDRESS	2120 INDIAN ROAD		
CITY - ST - ZIP	WEST PALM BEACH FL 33409		
DOCUMENT #		STREET ADDRESS	100003183991--2
NAME			-03/24/00--01122--004
STREET ADDRESS			****150.00 ****150.00
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	100003183991--2
NAME			-03/24/00--01122--005
STREET ADDRESS			*****7.35 *****7.35
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
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 employed to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *William McAllister* **REQUIRED** **2-18-00** **561-616-9003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #