

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00020006 AV

DOCUMENT # A97000000309



1. Entity Name
WEAVCO, LTD.

FILED

03 FEB -6 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**30 NO. COMPASS DRIVE
FT. LAUDERDALE FL 33308**

Mailing Address
**30 NO. COMPASS DRIVE
FT. LAUDERDALE FL 33308**

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

DUE BY MAY 1, 2003

4. FEI Number **65-0729706**

Applied For
Not Applicable

Zip Country Zip Country

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

**GREEN, MITCHELL F
KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$550,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$550,000**

11. MAKE CHECK PAYABLE TO FL. 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

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000010198	STREET ADDRESS	
NAME	WEAVCO REAL ESTATE CORP.	CITY-ST-ZIP	
STREET ADDRESS	30 NO. COMPASS DRIVE	STREET ADDRESS	400011914084
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	CITY-ST-ZIP	02/06/03--01068--007 #526.25
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET 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

SIGNATURE: *MARIANNE WEAVER* **MARIANNE WEAVER,
PRESIDENT OF
GENERAL PARTNER** **2/3/03** **954-491-0170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)