# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000503 AT

DOCUMENT # A97000001831

1. Entity Name
WHARTON INVESTMENT GROUP OF WAUCHULA, LTD.

FILED
2003 MAY 15 AM 8:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 5082 COCONUT CREEK PARKWAY<br>MARGATE FL 33063 | 5082 COCONUT CREEK PARKWAY<br>MARGATE FL 33063 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

**DUE BY MAY 1, 2003**

4. FEI Number 65-0791601 ☐ 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 |
|---|---|
| PROCACCI, PHILIP J<br>5082 COCONUT CREEK PARKWAY<br>MARGATE FL 33063 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $990.00 | | |

**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 # | P97000072100 | STREET ADDRESS | |
| NAME | PROCACCI WAUCHULA, INC. | CITY-ST-ZIP | 900019085829 05/15/03 01060 003 **150.00 |
| STREET ADDRESS | 5082 COCONUT CREEK PARKWAY | | |
| CITY-ST-ZIP | MARGATE FL 33063 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

CR2E003 (10/02)

STAPLE CHECK HERE

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 REQUIRED 3/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #