2002	UNIFORM	BUSINESS	REPORT	(UBR
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STAPLE CHECK HERE

DOCU	MENT #	A00000	00000	082						
WILLIAM ROGERS LIMITED PARTNERSHIP					FILED					
							_	2002 MAR - 4 PM	3: 08	
Principal Place of Business Mailing Address 3200 WASHINGTON ROAD WEST PALM BEACH FL 33405 WEST PALM BEACH FL 3			SHINGTON ROAD			DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA				
Principal Place of Business 3. Mailing Addres		Address	S		-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2002						
City & State	ө		City & State		4. FEI Number	65-0970262	Applied For Not Applicable			
Zip	C	ountry	Zip	Zip Country		try	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and	Address of Current R	legistered A	gent			7. Name and	Address of New Registered		
				 		Name				
-	, william H III Shington Roa	NO.				Street Address (P.O. Box Number is Not Acceptable)				
	LM BEACH FL	_								
						City		F	Zip Code	
8. The above	named entity sub	mits this statement for	the purpose	of changing its r	egistere	ed office or registe	red agent, or both	n, in the State of Florida.		
SIGNATURE .	Cinatura tunadi ar aring	ted name of registered agent an	ed title if applicable					DATE		
9. Capital Co	ntributions	\$1,200.00	10. A	mount of Capital		outions//		11. MAKE CHECK PAYAB		
as Shown o				FLORIDA to dat			DIOD	SEE REVERSE SIDE F	OR FEE INFORMATION	
								d to change a general p		
12.		GENERAL PARTNER	INFORMATIC	N	13.			ADDRESS CHANGES OF	VLY	
DOCUMENT #	DOCEDO MAI	1 1664 (1 10			STRE	ET ADDRESS				
NAME STREET ADDRESS (CITY-ST-ZIP	ROGERS, WILLIAM H III 3200 WASHINGTON ROAD WEST PALM BEACH FL 33405		CITY	·ST-ZIP						
DOCUMENT #	ROGERS, ELIZ	7ARETH E			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	3200 WASHIN				CITY-	·ST-ZIP	2000050969227 -03/12/0201044006			
DOCUMENT #	,				STRE	ET ADORESS		****141.25	****141.25	
STREET ADDRESS (CITY-	ST-ZIP				
DOCUMENT NAME OF THE PROPERTY			,		STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP					CITY-	ST-ZIP				
DOCUMENT # NAME					STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP					CITY-	ST-ZIP		,		
DOCUMENT # NAME					STRE	ET ADDRESS		50		
STREET ADDRESS CITY-ST-ZIP					CITY-	ST-ZIP				
14. I hereby of indicated the received	ertify that the info on this report is tr er or trustee empo	rmation supplied with the supp	his filing does nat my signat report as req	s not qualify for t ure shall have th uired by Chapte	he exer le same r 620, F	nption stated in Se legal effect as if re forida Statutes	ection 119.07(3)(i) made under oath;	, Florida Statutes. I further ce that I am a General Partner c	ertify that the information of the limited partnership or	