


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A00000000159	
1. Entity Name WLD DUNDEE, LTD.	

FILED
03 MAY -6 PM 7:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MMJH

Principal Place of Business 401 E LAS OLAS BLVD., SUITE 2200 FT. LAUDERDALE, FL 33301	Mailing Address LVD., SUITE 900 301
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003	
4. FEI Number 65-0976695	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HORVITZ, DAVID W
401 E LAS OLAS BLVD., SUITE 2200 FT. LAUDERDALE, FL 33301

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

SIGNATURE	DATE
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9. Capital Contributions as Shown on record. \$252,837.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P00000006647	STREET ADDRESS	401 E LAS OLAS BLVD #2200
NAME	WLD DUNDEE, INC.	CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 900		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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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:		PRESIDENT OF GP 4/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #

CR2E003 (10/02)