

2002 UNIFORM BUSINESS REPORT (UBR)

0001864 AV

DOCUMENT # A00000000195
 1. Entity Name
GW AND SBW, LTD.

FILED
 02 APR 15 PM
 SECRETARY OF STATE
 TALLAHASSEE, FL

Principal Place of Business 2142 BAY AVENUE MIAMI BEACH FL 33140	Mailing Address 2142 BAY AVENUE MIAMI BEACH FL 33140
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0975809	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

**WEINER, GARY
2142 BAY AVENUE
MIAMI BEACH FL 33140**

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 *Gary Weiner* **GARY Weiner** 4/11/2002
Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record. **\$5,261,355.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P0000010640 JEL MANAGEMENT INC 2142 BAY AVENUE MIAMI BEACH FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	700005312217--5 04/22/02 01026-002 ***526.25 ***526.25
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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Gary Weiner* **GARY Weiner** 4/11/02 305538-5353
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CFR2E003 (9/01)