

# 2002 UNIFORM BUSINESS REPORT (UBR)

0003865 AV

DOCUMENT # A00000000266

1. Entity Name

WLN FAMILY LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY 13 PM 3:46

W 5/24

Principal Place of Business

350 SOUTH COUNTY ROAD  
SUITE 201  
PALM BEACH FL 33480

Mailing Address

350 SOUTH COUNTY ROAD  
SUITE 201  
PALM BEACH FL 33480



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number 65-0980015  
APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEASON, TAMELA  
350 SOUTH COUNTY ROAD  
SUITE 201  
PALM BEACH FL 33480

Name

W. Lawrence LeNeve

Street Address (P.O. Box Number is Not Acceptable)

350 S County Rd, Suite 201

City

Palm Beach

FL

Zip Code

33480

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

Signature typed or printed name of registered agent and title if applicable.

4/28/02  
DATE

9. Capital Contributions  
as Shown on record.

\$1,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME: LENEVE, W. LAWRENCE  
STREET ADDRESS: 350 SOUTH COUNTY ROAD SUITE 201  
CITY-ST-ZIP: PALM BEACH FL 33480

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME: ~~BEASON, TAMELA~~ Already off by Amendment  
STREET ADDRESS: 350 SOUTH COUNTY ROAD SUITE 201  
CITY-ST-ZIP: PALM BEACH FL 33480

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400005504534--4  
-05/13/02-01006-005  
\*\*\*2535.00 \*\*\*\*150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/02 561-832-1299  
Date Daytime Phone #

CR2E003 (9/01)