

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000305

1. Entity Name

GS WPB, L.P. LTD.

FILED

02 MAY -6 AM 10: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2601 SOUTH BAYSHORE DRIVE, SUITE 1775
MIAMI FL 33133

Mailing Address

2601 SOUTH BAYSHORE DRIVE, SUITE 1775
MIAMI FL 33133

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, 2002

4. FEI Number

65-0981081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESTER, PAUL A ESQ.

200 SOUTH BISCAYNE BLVD., SUITE 2100

MIAMI FL 33131

Name

SITERRY STANLEY

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

2601 S. BAYSHORE DR. #1775

City COCONUT GROVE, FL

FL

Zip Code 33133

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

9,900

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 # F98000002984
NAME GREENSTREET MANAGEMENT, INC.
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 1775
CITY-ST-ZIP MIAMI FL 33133

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0001289 AV