

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009883 AF

DOCUMENT # A00000000763

1. Entity Name

WRH EMERALD, LTD.

Principal Place of Business

100 SECOND AVENUE SOUTH  
SUITE 904  
ST PETERSBURG FL 33701

Mailing Address

100 SECOND AVENUE SOUTH  
SUITE 904  
ST PETERSBURG FL 33701

2. Principal Place of Business

7125 HALLMARK DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT WORTH TX

City & State

Zip

Country

Zip

Country

76134 USA

USA

FILED  
01 MAR -1 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERMAIN, BONNIE (BONNIE G. BERTOLINO)  
100 SECOND AVENUE SOUTH  
SUITE 904  
ST PETERSBURG FL 33701

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$1,900,000.00

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 # P93000036337  
NAME WRH PROPERTIES, INC.  
STREET ADDRESS 100 SECOND AVENUE SOUTH SUITE 904  
CITY-ST-ZIP ST PETERSBURG FL 33701

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
James G. Miller

2-8-01

Date

727-825-7705

Daytime Phone #

CR2E003 (11/00)