APPRUVE.

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A0100000298 1. Entity Name					AND FILED
WJG-GG INVESTMENTS, LTD.					02 APR 15 AM11: 14
Principal Place of Business Mailing Address 860 S.R. 434 NORTH. SUITE 7 860 S.R. 434 NORTH. SUIT ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL					SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 3. Mailing Address					
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002
City & State		City & State		<u> </u>	4. FEI Number Applied For
Zip	Zip Country Zip		Country		59-3699906 Not Applicabl 5. Certificate of Status Desired Sa.75 Additional Fee Required
-	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent	
GOODMAN, LAUREN B 860 S.R. 434 NORTH, SUITE 7 ALTAMONTE SPRINGS FL 32714				Name Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
8. The above	8. The above named entity submits this statement for the purpose of changing its registered office or register				
		and the property of the second	mg no registerer	a office of regis	istered agent, or both, in the State of Florida.
SIGNATURE	Signature broad or printed name of registered and	at and title Manager to			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions \$8,000,000.00 10. Amount of Capital Contributions				DATE	
9. Capital Contributions as Shown on record. \$8,000,000.00 10. Amount of Capital Coin FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be about the second of the sec				IST BE DEC	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
	HOTE. General Partiters W	AT NOT be changed	on the form;	an amendm	nent must be filed to change a general partner.
12. GENERAL PARTNER INFORMATION			13.		ADDRESS CHANGES ONLY
DOCUMENT# NAME	L01000003172 WGML, LLC 860 S.R. 434 NORTH, SUITE 7 ALTAMONTE SPRINGS FL 32714		STREET	STREET ADDRESS CITY-ST-ZIP 700053073575	
STREET ADDRESS CITY-ST-ZIP			CITY-S		
DOCUMENT # NAME			STREET	ADDRESS	700053073675
STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP	
DOCUMENT # NAME			STREET	ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP	
NAME PAGE			STREET	ADDRESS	
STREET. JDRESS CITY-ST-ZIP			CITY-SI	T-ZIP	
DOCUMENT # NAME STREET ADDRESS			STREET	ADDRESS	
CITY-ST-ZIP DOCUMENT #			CITY-ST	T-ZIP	
NAME STREET ADDRESS			STREET	ADDRESS	
CITY-ST-ZIP			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 poexecute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

AMURE RELAUTERED. Goodman.

manager of general partner a,/ 4/10/02 407-788-6555