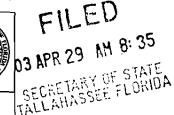
A01000000807 **DOCUMENT #**

1. Entity Name WGCC, LTD.





Principal Place of Business 300 S.E. 2ND STREET		Mailing Address 300 S.E. 2ND STREET			TALLAHAS	756.	,	Mrim
FORT LAUDER	DALE FL 33301	FORT LAUDERDALE FL 33:	301	•		Dir ducus 1984) harre ducis	AANN MANN GAN	1 44161 (Citt Best (CC) 1861
2. Principal F	Place of Business	3. Mailing Address			74/29	411 88181 11811 48111 59 111 1		\$ 20161 10111 4011\$ 104\$ 104\$
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
City & State		City & State			4. FEI Number	65-1126942		Applied For Not Applicable
Zip	Country Zip		Соиг	ntry	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				
JONES, P	PATRICIA	•	. Name					
í -	2ND STREET	Street Addre		Street Address	(P.O. Box Number	is Not Acceptable)		
FORT LAL	JDERDALE FL 33301							
		•		City		<u></u>	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. I am familiar with, and accept								
the obligations of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent				DATE			
9. Capital Contributions as Shown on record. \$5,000.00 In FLORIDA to date				butions	11. MAXE CHECK PAYABLE TO FL. 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 # P01000059964				ET ADDRESS		ABBRESO OFFICE	GEO GIVE.	M+.
NAME	IAME WGCC, INC. STREET ADDRESS 300 S.E. 2ND STREET			ET AUDICOS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY	-ST-ZIP	70	001732	275	;7
DOCUMENT #			STRE	ET ADDRESS		0 301080		
NAME STREET ADDRESS			3111					
CITY-ST-ZIP		,	CITY	-ST-ZIP				
DOCUMENT # NAME			STRE	ET ADDRESS			-	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT # NAME			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		,	CITY	-ST-ZIP				
DOCUMENT #			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT # NAME .			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		γ	CITY	-ST-ZIP				
14. I hereby o	certify that the information supplied with	this filing does not qualify for	the exe	mption stated in S	ection 119.07(3)(i)	Florida Statutes. I fu	rther certify	that the information

yurar my signature snall have the same legal effect as if made under its report as required by Chapter 620, Florida Statutes the receiver or trustee empowered to

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER