

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001636 AB

DOCUMENT # A01000000931

1. Entity Name

WRE INVESTMENTS I, LLLP

FILED

02 AUG 28 AM 10:04



Principal Place of Business

Mailing Address

540 RUTILE DRIVE  
PONTE VEDRA BEACH FL 32082

540 RUTILE DRIVE  
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number

59-3730162

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

SEAY, LYNN E  
540 RUTILE DRIVE  
PONTE VEDRA BEACH FL 32082

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record.

\$1,392,678.28

10. Amount of Capital Contributions in FLORIDA to date.

1,392,678

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 # P01000067690  
NAME EVANS FAMILY INVESTMENTS, INC.  
STREET ADDRESS 540 RUTILE DRIVE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

8/29/02

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:

Lynn E Seay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-30-02

Date

904-285-2604

Cayman Phone #

CR2E003 (4/02)