

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0005944
AT

DOCUMENT # **A01000001108**

1. Entity Name
WS MANAGEMENT, LLP

02 APR 19 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 225 WATER STREET, SUITE 1987 JACKSONVILLE FL 32202	Mailing Address 225 WATER STREET, SUITE 1987 JACKSONVILLE FL 32202
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DUE BY MAY 1, 2002

City & State	City & State
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4. FEI Number 01-0567742	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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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

**F&L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202**

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

DATE _____

9. Capital Contributions as Shown on record. **\$500,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	BERG, GILCHRIST B	225 WATER STREET, SUITE 1987	JACKSONVILLE FL 32202

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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

4/17/02 (904) 355-9989
Date Daytime Phone #

CR2E003 (9/01)