


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

2003 MAY -8 AM 8:53

DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

DOCUMENT # A01000001320	
1. Entity Name WHITE ENTERPRISES, LTD.	

Principal Place of Business 1752 S.W. BILTMORE STREET PORT ST. LUCIE, FL 34984	Mailing Address 1752 S.W. BILTMORE STREET PORT ST. LUCIE, FL 34984
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2. Principal Place of Business 560 NW Interpark Place Suite, Apt. #, etc.	3. Mailing Address 560 NW Interpark Place Suite, Apt. #, etc.
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City & State St. Lucie West FL	City & State St. Lucie West FL	4. FEI Number 75-3037410	Applied For <input type="checkbox"/> Not Applicable
Zip 34986	County St. Lucie	Zip 34986	County St. Lucie



6. Name and Address of Current Registered Agent MCCLUSKEY, MICHAEL J 1100 S. FEDERAL HWY STUART, FL 34994		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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: *Michael J. McCluskey* **MICHAEL J. MCCLUSKEY** DATE: **4/23/03**

9. Capital Contributions as Shown on record. \$45,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. STATE OF FLORIDA DEPARTMENT OF REVENUE
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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 #	M.D. WHITE, LLC	STREET ADDRESS	560 NW Interpark Place
NAME	1752 S.W. BILTMORE STREET	CITY-ST-ZIP	St. Lucie West FL 34986
STREET ADDRESS	PORT ST. LUCIE, FL 34984		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400018563724
NAME		CITY-ST-ZIP	05/08/03--01044--011 **403.75
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

CR12 E000 (10/02)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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]* DATE: **4-25-03** CITY/STATE: **772-899-0754**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED GENERAL PARTNER