

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003676 AV

DOCUMENT # A02000000633



1. Entity Name
WOOLBRIGHT TAMiami, LTD.

FILED
03 MAY -6 PM 7:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business C/O WOOLBRIGHT 7 FLORIDA, INC. 4800 NORTH FEDERAL HIGHWAY, SUITE 108-D BOCA RATON FL 33431	Mailing Address C/O WOOLBRIGHT 7 FLORIDA, INC. 4800 NORTH FEDERAL HIGHWAY, SUITE 108-D BOCA RATON FL 33431
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MJM

2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 75-6648043	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOLTON, PETER S ESQ. C/O JONES, FOSTER, JOHNSTON & STUBBS, PA 505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH FL 33401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$770,000.00	10. Amount of Capital Contributions in FLORIDA to date. 770,000.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P02000045620	STREET ADDRESS	
NAME	WOOLBRIGHT 7 FLORIDA, INC.	CITY-ST-ZIP	
STREET ADDRESS	4800 NORTH FEDERAL HIGHWAY, SUITE 108-D		
CITY-ST-ZIP	BOCA RATON FL 33431		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	400018291634
STREET ADDRESS			05/06/03--01043--024 **526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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 to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *Michael Fumiari* **SIGNATURE REQUIRED** *4/28/03* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** *954 429 229* **DATE** *4/28/03* **DAYTIME PHONE #** *954 429 229*

STAPLE CHECK HERE

CR2E003 (10/02)