


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015200 AT

**DOCUMENT # A02000000865**

1. Entity Name  
**W & M GLASS INVESTMENTS, LTD.**



**FILED**  
03 FEB 28 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
**3280 RUM ROW  
NAPLES FL 34102**

Mailing Address  
**3280 RUM ROW  
NAPLES FL 34102**



2. Principal Place of Business		3. Mailing Address		<b>DUE BY MAY 1, 2003</b> 4. FEI Number <b>03-0473686</b> 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LAW, LESTER B</b> <b>5551 RIDGEWOOD DRIVE, SUITE 501</b> <b>C/O GRANT, FRIDKIN PEARSON</b> <b>NAPLES FL 34108</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$25,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	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 #	P02000068879	STREET ADDRESS	
NAME	W & M GLASS INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	3280 RUM ROW		
CITY-ST-ZIP	NAPLES FL 34102		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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:** *MAGNETIC* **2/13/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)