

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A02000001713

1. Entity Name

W/B ORLANDO OFFICE 1, LTD



FILED

03 MAY -1 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2665 S. Bayshore Drive

3. Mailing Address
2665 S. Bayshore Drive

Suite, Apt. #, etc.
Suite 1002

Suite, Apt. #, etc.
Suite 1002

DUE BY MAY 1

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
59-3763535

Applied For
Not Applicable

Zip
33133

Country
USA

Zip
33133

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Stearns Weaver Miller Weissler, et al.

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

c/o Richard E. Schatz

150 West Flagler Street, Suite 2200

City
Miami

FL Zip Code
33130

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. \$99.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT # L02000034665
NAME W/B Orlando Office 1 GP, LLC
STREET ADDRESS 2665 S. Bayshore Drive, Ste 2200
CITY-ST-ZIP Miami, FL 33133

STREET ADDRESS

CITY-ST-ZIP

500017212925

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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: WARREN P. WEISER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/03 (305) 850-7342

Date

Daytime Phone #

CR2E003B (12/02)