2002 UN	IIFORM	<b>BUSINESS</b>	REPORT	(UBR
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DOCUMENT # A05643 CLUB WILDWOOD, LTD.					FILED 02 MAR 14 PM 12: 24			
Principal Place of Business 7700 PARKWAY BOULEVARD HUDSON FL 34667		Mailing Address  CLUB WILDWOOD, LTD. MANAGEMENT OFFICE 13225 101ST STREET LARGO FL 33773		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal P	lace of Business	3. Mailing Address				BIL <b>sein</b> i bilse okkil <b>seins</b> teki oktok bil	EN OURN ENDIS ENES OLOIS IUR	ł
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 200	02	
City & State	е	City & State	City & State		4. FEI Number	59-1725189	Applied For Not Applicab	ole
Zip	Country	Zip	Coun	ntry	5 Certificate o		\$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent			7. Name and A	ddress of New Registered A	gent	<b>1</b>
	<del> </del>			Name				
Luczak, david A., P.A. 3233 East Bay Drive			Street Address (P.O. Box Number is Not Acceptable)					
SUITE 103 LARGO FL 34641			City FL Zip Code					
				·				
8. The above	named entity submits this statemen		g its register	ed office or regis	tered agent, or both	, in the State of Florida.		
	Signature, typed or printed name of registered ag	1.0	·anital Coatri	in tions		11. MAKE CHECK PAYABLE	TO DEPT OF STATE	$\dashv$
<ol><li>Capital Coas Shown of</li></ol>	-DCW 1.1 8 8 1.5 B	10. Amount of C in FLORIDA				SEE REVERSE SIDE FO	R FEE INFORMATION	
	A GENERAL PARTNE	R THAT IS A BUSINESS	ENTITY N	JUST BE REGI	STERED AND A	CTIVE WITH THIS OFFICE	E.	
12.	NOTE: General Partners	MAY NOT be changed of the information	on the form		ent must be filed	ADDRESS CHANGES ONL	Y	-
DOCUMENT #	GENERAL FARIS	VER IN ORWATION	-	· · · · · · · · ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		∃ફ્રે
NAME STREET ADDRESS	GOTTLIEB, HOWARD L. 2611 CROWN CREST LANE			Y-ST-ZIP	S			
CITY-ST-ZIP	LA JOLLA CA 92037			1-31-21				CR2E003 (9/01)
DOCUMENT # NAME	BELCHER, DOUGLAS H.		STR	REET ADDRESS	<del></del>			
STREET ADDRESSCITY-ST-ZIP			CITY	Y-ST-ZIP	-03/26/0201063005 -03/26/0201063005 ****526.25 ****526.			;_
DOCUMENT # NAME			STR	REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP				
DOCUMENT # NAME			STR	REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP				
DOCUMENT #			STR	REET ADDRESS				
STREET ADDRESS			CIT	Y-ST-ZIP				
DOCUMENT /			STR	REET ADDRESS		-		
STREET ADDRESS CITY-ST-ZIP			<u>U</u>	Y-ST-ZIP				
indicated	certify that the information supplied of the following that the information supplied to the following that the following the following that the following the following that the following the following that the following that the following	and that my signature shall t	nave the sam	ne legal effect as	Section 119.07(3)(i) if made under oath;	, Florida Statutes. I further cer that I am a General Partner of	tify that the information the limited partnership	or

STAPLE CHECK HERE

09/12/02 (121)684-1413