CR2E003 (9/01)

## 2002 UNIFORM BUSINESS REPORT (UBR).

02 MAY - 1 PM 6: 48 A07158 **DOCUMENT #** SECRETARY OF STATE 1. Entity Name TALLAHASSEE, FLORINA WJA REALTY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 15 E. 5TH ST., STE 4030 4033 SOUTH YORKTOWN PLACE **TULSA OK 74103 TULSA OK 74105** 2. Principal Place of Business 3. Mailing Address 4033 South Yorktown Place Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 04-2632298 Tulsa, Oklahoma Not Applicable Zip 74105 Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION-SERVICE-COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 8. The above named entity submits this statement for the purpose changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE in FLORIDA to date. as Shown on record. 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 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS WHEELER, DAVID B NAME STREET ADDRESS 5809 CARRYBACK LANE CITY-ST-ZIP **AUSTIN TX** CITY-ST-ZIP F93000000466 DOCUMENT # STREET ADDRESS E.H.P. CORPORATION NAME 4033 South Yorktown Place STREET ADDRESS PO BOX 1439 CITY-ST-ZIP CITY-ST-ZIP **TULSA OK** Tulsa, OK 74105 DOCUMENT # STREET ADDRESS NAME ---- a STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP-DOCUMENT # STREET ADDRESS NAME 600005503856-STREET ADDRESS <del>05/10/02--01092--005</del> CITY-ST-ZIP CITY-ST-7IP \*\*\*\*490.90 \*\*\*\*490.90 **DOCUMENT #** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 4. NAME STREET ADD YESS

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 eath; 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

CITY-ST-ZIP



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918-749-6875