

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 APR -4 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007369 AT

DOCUMENT # A12242

1. Entity Name
WHISPERWOOD ASSOCIATES, LTD.



Principal Place of Business
4100 N.W. 28TH LANE
GAINESVILLE FL 32601

Mailing Address
4100 N.W. 28TH LANE
GAINESVILLE FL 32601



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 36-3167043

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOGUE, ANITA
REO PROPERTIES
2100 APALACHEE PKWY, #8B
TALLAHASSEE FL 32301

Name

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

400815322544
04/04/03--01065--006 **526.25

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$1,522,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # G99176900007
NAME AMREAL FLORIDA ASSOCIATE
STREET ADDRESS 610 W ASH ST #1400
CITY-ST-ZIP SAN DIEGO CA 92101

STREET ADDRESS

4184 Palisades Rd

CITY-ST-ZIP

San Diego, CA 92116

DOCUMENT # G93081000025
NAME ABCS INVESTORS
STREET ADDRESS 1440 NORTHWEST HWY. #240
CITY-ST-ZIP PARK RIDGE IL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/18/03 (619) 9905510

Date

Daytime Phone #

CR2E003 (10/02)