2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A19428 1. Entity Name				FU FO		
W.A.M., LTD.				FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address				00 FEB 22 AM 10: 21		
1310 COBB LANE 1310 COBB LANE						
BIRMINGHAM	AL 35205	BIRMINGHAM AL 35205-4918		2 (48) 614 1882 (1814 1814) PIETO (1884 1814)	::E::	
Principal Place of Business 3. Mailing Address						
			DO NOT INDITE IN THIS COMOS			
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State City & State .		City & State .		4. FEI Number 63-0895350	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 Register		
			Name	Name		
BODNAR, MIKE			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
503 OSCEOLA DR. DESTIN FL 32541						
DESTINATE SESTI			City	City FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its re-	gistered office or regist	tered agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE, Ri	egistered Agent signature requi	red when reinstating) D4	ME	
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION						
33 3113111	A GENERAL PARTNER T	HAT IS A BUSINESS ENTI	TY MUST BE REGIS	STERED AND ACTIVE WITH THIS OFF	FICE.	
12,	NOTE: General Partners MA GENERAL PARTNER		13.	an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY		
DOCUMENT#	GENELVIE (7)1(1)		STREET ADDRESS			
NAME STREET ADDRESS	BODNAR, J. MICHAEL 3000 BRIARCLIFF RD.		CITY-ST-ZIP			
CITY-ST-ZIP	BIRMINGHAM AL		UIT-SI-EF			
DOCUMENT# NAME	F96000002120 BODNAR INVESTMENT GROUP,	NC.	STREET ADDRESS	mf 2/29/00		
STREET ADDRESS CTTY-ST-ZIP	1310 COBB LANE BAHM AL 35205		CITY-ST-ZIP	(concensus		
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
DOCOMENT#			STREET ADDRESS			
STREET ADDRESS			CITY-ST-ZIP			
	sertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute the	this tilling does not qualify for the that my signature shall have the report as required by Chapter	e exemption stated in same legal effect as it 620, Florida Statutes	Section 119.07(3)(i), Florida Statutes. I furthe f made under oath; that I am a General Parth	r certify that the information er of the limited partnership or	