

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010417 AT

DOCUMENT # A23083 1. Entity Name WILLIAMS ISLAND, A PRIVATE CLUB, LTD.	
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FILED

2003 MAR 27 AM 10: 02

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business 7900 ISLAND BLVD. AVENTURA FL 33160	Mailing Address 7900 ISLAND BLVD. AVENTURA FL 33160
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2707306	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent MATUS, ALAN 7900 ISLAND BLVD. AVENTURA FL 33160	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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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 #	M02000001172	STREET ADDRESS	
NAME	WIP HOLDING, LLC	CITY-ST-ZIP	
STREET ADDRESS	7900 ISLAND BLVD.		
CITY-ST-ZIP	AVENTURA FL 33160		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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 REQUIRED	(305) 937-7800	Date _____ Daytime Phone # _____
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STAPLE CHECK HERE

CR3E003 (10/02)

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