


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021382 FP

DOCUMENT # A25711

1. Entity Name
J W H, LTD.



FILED
03 APR 16 AM 7:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**6011 HIGHWAY 92 W.
PLANT CITY FL 33567**

Mailing Address
**6011 HIGHWAY 92 W.
PLANT CITY FL 33567**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

DUE BY MAY 1, 2003

4. FEI Number **59-2159474**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERRMANN, JOSEPH W.
6011 HIGHWAY 92 W.
PLANT CITY FL 33567**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code **33566**

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. **\$300,000.00**

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 #	HERRMANN, JOSEPH W.	STREET ADDRESS	200016088332
NAME	6011 HIGHWAY 92 W.	CITY-ST-ZIP	04/16/03 01010 006 **526.25
STREET ADDRESS	PLANT CITY FL		
CITY-ST-ZIP			
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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: Joseph W. Herrmann **REQUIRED** 4-8-03 813-659-0068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)