


2002 UNIFORM BUSINESS REPORT (UBR)

0016837 AT

DOCUMENT # A26038
 1. Entity Name
THE WILBUR PARTNERSHIP, LTD.

FILED
02 APR 19 PM 1:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
145 N. SPRING TRAIL
ALTAMONTE SPRINGS FL 32714

Mailing Address
 C/O RICHARD A. SUGAR
 30 N LA SALLE ST STE 2600
 CHICAGO IL 60602

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

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

DUE BY MAY 1, 2002

4. FEI Number **58-1774890**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ADLER, LEE
145 NORTH SPRING TRAIL
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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.

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

9. Capital Contributions as Shown on record. **\$346.50**

10. Amount of Capital Contributions in FLORIDA to date. **\$346.50**

11. **MAKE CHECK PAYABLE TO 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	
DOCUMENT #	
NAME	ADLER, LEE
STREET ADDRESS	145 N. SPRING TRAIL
CITY-ST-ZIP	ALTAMONTE SPRGS FL
DOCUMENT #	
NAME	ADLER, MARLENE
STREET ADDRESS	145 N. SPRING TRAIL
CITY-ST-ZIP	ALTAMONTE SPRGS FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800005395188--7
CITY-ST-ZIP	-04/30/02--01061--016
	****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 629, Florida Statutes

SIGNATURE: *[Signature]* **4/12/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)