


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

14 MAR 26 AM 8:33

DOCUMENT # A26038 1. Entity Name THE WILBUR PARTNERSHIP, LTD.	
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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 3000 CHICAGO, IL 60602
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01072004 Chg-LP CR2E003 (10/03)

4. FEI Number 58-1774890		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____
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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. \$346.50	10. Amount of Capital Contributions in FLORIDA to date. \$346.50
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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 #		STREET ADDRESS	
NAME	ADLER, LEE	CITY-ST-ZIP	
STREET ADDRESS	145 N. SPRING TRAIL		
CITY-ST-ZIP	ALTAMONTE SPRGS, FL		
DOCUMENT #		STREET ADDRESS	
NAME	ADLER, MARLENE	CITY-ST-ZIP	
STREET ADDRESS	145 N. SPRING TRAIL		
CITY-ST-ZIP	ALTAMONTE SPRGS, FL		
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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 04/09/04--01061--014 **141.25

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:  **3/10/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE