2000 UNIFORM BUS	NESS REPOR	T (UBR)	- -
DOCUMENT # A2608	1		
W-L GLIDDEN HOUSE LTD.			FILED
Principal Place of Business 3250 MARY STREET SUITE 500 MIAMI FL 33133	Mailing Address 3250 MARY ST. SUITE 500 MIAMI FL 33133-5232		00 MAY -9 PM 8:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business	3. Mailing Address		- I TUDARAN MARA MARA DIRA DIRA DIRA DIRA NA MARA DIRA DIRA DIRA DIRA DIRA DIRA DIRA D
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number 65-0042464 Applied For Not Applicable
Zip Country		ountry	5. Certificate of Status Desired Status Desired Fee Required
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent
WEISER, SHERWOOD M. 3250 MARY STREET, 5TH FLOOR MIAMI FL 33133		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			J when reinstating) DATE
9. Capital Contributions \$4,935,34 10. Amount of Capital Contributions 7.7.7.14 11. MAKE CHECK PAYABLE TO DEPT. OF STATE			
as Shown on record.	HAT IS A BUSINESS ENTITY	MUST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE.
12. NOTE: General Partners MA GENERAL PARTNER		13.	ADDRESS CHANGES ONLY
DOCUMENT# M14206 NAME WEISER & LEFTON PROPERTIES, INC.		STREET ADDRESS ADD	: STE 500
street address <del>" <b>ES-INC.,</b></del> 3250 MARY ST. city-st-zip MIAMI FL		CITY-ST-ZIP	
DOCUMENT#		STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·
NAME STREET ADDRESS CTTY - ST - ZIP		CITY-ST-ZIP	1000032567611
DOCUMENT#		STREET ADDRESS	<u>100032567611</u> -05/18/0001018005 *****141.25 ****141.25
STREET ADDRESS CITY - ST - ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY - ST - ZIP		CITY - ST- ZIP	
Document # Name		STREET ADORESS	
STREET ADDRESS CITY-ST-ZIP		CITY - SI'- ZIP	
DOCUMENT# NAME		STREET ADDRESS	
STREET ADDRESS CITY ST - ZIP		CITY-ST-ZIP	
14. U hereby certify that the information supplied with indicated on this report is true and accurate and the receiver or trustee empowered to execute this	this filing does not qualify for the that my signature shall have the s s report as required by Chapter 62	exemption stated in Se same legal effect as if r 20, Florida Statutes	ection 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership or
LA PETER TEALLING U.F.			
SIGNATURE: V SKULLET OR PRINTED NAME OF SIGNING GENERAL PARTNER DUB KULL OU KULL OF 4/25/00 (35)445-241-5 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Date Date Date Date Date Date			