


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

03 APR 30 AM 11:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

0007182 AT

DOCUMENT # A28152

1. Entity Name
WRM EQUITY INVESTMENTS, LTD.



Principal Place of Business 928-D MAR WALT DRIVE FORT WALTON BEACH FL	Mailing Address 928-D MAR WALT DRIVE FORT WALTON BEACH FL
---	---

2. Principal Place of Business	3. Mailing Address	4/30	DUE BY MAY 1, 2003
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number 59-2934858	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



6. Name and Address of Current Registered Agent

**FOSTER, WILLIAM SCOTT
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH FL 32548**

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. 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. \$970.00	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 #	MARSHALL, WILLIAM R.	STREET ADDRESS	
NAME	928-D MAR WALT DRIVE	CITY-ST-ZIP	04/30/03--01077--011 **141.25
STREET ADDRESS	FT. WALTON BEACH FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	900017586499
NAME		CITY-ST-ZIP	04/30/03--01077--011 **141.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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 620, Florida Statutes

SIGNATURE: *William R. Marshall* **SIGNATURE REQUIRED** **4-24-03** **850/862-2509**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)