

2000 UNIFORM BUSINESS REPORT (UBR)

000791 AF

DOCUMENT # A31411

1. Entity Name

LAND DEVELOPMENT ASSOCIATES, LTD.

FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43

Principal Place of Business
SUITE 407
1601 BELVEDERE ROAD
WEST PALM BEACH FL 33406

Mailing Address
SUITE 407
1601 BELVEDERE ROAD
WEST PALM BEACH FL 33406-1541

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0252984 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

MEYER, WILLIAM A
SUITE 407
1601 BELVEDERE ROAD
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

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

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions \$25,000.00 10. Amount of Capital Contributions in FLORIDA to date. 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 13. ADDRESS CHANGES ONLY

DOCUMENT # 671731 STREET ADDRESS
NAME WAM MANAGEMENT, INC.
STREET ADDRESS 1601 BELVEDERE RD #407
CITY - ST - ZIP WEST PALM BEACH FL

STREET ADDRESS
CITY - ST - ZIP

300003239839--9
-05/04/00-01083-015

****263.75 ****263.75

DOCUMENT # STREET ADDRESS
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 10, 2000

Date

561 689-6602

CR2E03 (9/99)