



FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A32411				Secretary of State	
1. Entity Name WBMC INVESTORS, LTD.					
Principal Place of Business 1500 W. CYPRESS CREEK RD., SUITE 409 FT. LAUDERDALE, FL 33309		Mailing Address 1500 W. CYPRESS CREEK RD., SUITE 409 FT. LAUDERDALE, FL 33309			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.		02232004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0728524	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHULTZ, MICHAEL E C/O BRENNER REAL ESTATE GROUP 1500 W. CYPRESS CREEK RD., SUITE 409 FT. LAUDERDALE, FL 33309			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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date			
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 # V01284			STREET ADDRESS		
NAME WBMC EQUITY CORPORATION			CITY- ST- ZIP		
STREET ADDRESS 1500 W. CYPRESS CREEK RD., SUITE 409			000000158794 Barb		
CITY- ST- ZIP FT. LAUDERDALE, FL 33309			05/10/04 00004-010 526.25		
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: WBMC Equity Corp. <i>[Signature]</i> 4/26/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					