

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32612

1. Entity Name
WISU PROPERTIES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 18 AM 8:52



DO NOT WRITE IN THIS SPACE

Principal Place of Business
421 DAROCO AVENUE
CORAL GABLES FL 33146

Mailing Address
421 DAROCO AVENUE
CORAL GABLES FL 33146-2805

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0313517** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**RICHARD A. WOOD, ESQ.
C/O KEITH MACK, LLP
200 SOUTH BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131-2316**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$742,500.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	V16349 WLW GROUP, INC. 421 DAROCO AVENUE CORAL GABLES FL
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	300003156028-9 -03/03/00--01020--017 ****526.25 ****526.25 <i>WJ 2/29/00</i>
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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 L. WOOD, JR. Pres** *WJ* **2-15-00** **305-661-9930**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **William L. Wood, President** Date Daytime Phone #

CF-21E003 (9/99)