

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED

03 MAY -2 PM 7:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

M.J.H.

<b>DOCUMENT # A32612</b> 1. Entity Name <b>WISU PROPERTIES, LTD.</b>		
Principal Place of Business <b>421 DAROCO AVENUE CORAL GABLES FL 33146</b>		Mailing Address <b>421 DAROCO AVENUE CORAL GABLES FL 33146</b>
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



DUE BY MAY 1, 2003

4. FEI Number <b>65-0313517</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>RICHARD A. WOOD, ESQ. % FOWLER WHITE BURNETT 100 SE 2ND STREET, 17TH FLOOR MIAMI FL 33131</b>				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. <b>\$742,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>564,703.80</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 # NAME STREET ADDRESS CITY-ST-ZIP	V16349 WLW GROUP, INC. 421 DAROCO AVENUE CORAL GABLES FL	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>100017860441</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<b>05/02/03--01014--002 **526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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

WLW Group, Inc., General Partner

**SIGNATURE:** *William L. Wood* **SIGNATURE REQUIRED** *April 29 03*

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

CR2E003 (10/02)

STATE CHECK HERE