2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9300000035 1. Entity Name					02 APR -8 PM 3: 08		
WEPERCON, LTD.							_
					SECRETARY OF ST TAUBAHASSEE, FLO	ว์กิเอิA	
Principal Plac	ce of Business	Mailing Address			IACEAIII		
4 N. PERROTT DRIVE ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 ORMOND BEACH FL 32174							
CHINOING DE	HOIT IE VEITT	CHMOND DEROTTE	52174		A INDICAL PRINT PRINT THAT OF THE RESEARCH BRICK	AMI ARNIL ROIDO NOAN BIO 1860	
	20 (0.)	I A Marine A M					
2. Principal Place of Business		3. Mailing Address		11981011 1010 (8182 11.11 00117 8011) 00111 00111 00111			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002		
City & State		City & State		4. FEI Number 59-3160194	Applied For Not Applicable	-	
Zip Country		Zip	Country			8.75 Additional	7
	6. Name and Address of Curre	ent Registered Agent	_ <u></u>		7. Name and Address of New Registered A	Fee Required	┥
_				Name			7
CONNORS, MICHELE P 4 N. PERROTT DRIVE			·	Street Address (P.O. Box Number is Not Acceptable)			
ORMOND BEACH FL 32174							7
				City	FL	Zip Code	\dashv
8. The above	named entity submits this statemen	it for the purpose of changing	a its registere	ed office or regis	stered agent, or both, in the State of Florida.		┥
		, , , , , , , , , , , , , , , , , , , ,					
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.			DATE		╛
9. Capital Contributions as Shown on record, \$450,350.92 in FLORIDA to date				Intributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A GENERAL PARTNE	R THAT IS A BUSINESS	ENTITY M	UST BE REG	ISTERED AND ACTIVE WITH THIS OFFICE	<u> </u>	7
12.		MAY NOT be changed o	n the form	; an amendm	nent must be filed to change a general part ADDRESS CHANGES ONL		4
DOCUMENT #				ET ADDRESS			<u></u>
NAME STREET ADDRESS							- 1 8 9
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-	ST-ZIP			CR2E003 (9/01)
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CITY-ST-ZIP			CITY-	ST-ZIP			
14. I hereby o	certify that the information supplied v	with this filing does not qualify	y for the exen	nption stated in	Section 119.07(3)(i), Florida Statutes. I further certi if made under oath; that I am a General Partner of t	fy that the information	Ţ
the receiv	ver or trustee empowered to execute	this report as required by	hapter 620, F	Torida Statutes	made under dam, mat i am a delletal Faither Of t	ao mantou partifership Or	

SIGNATURE:

STAPLE CHECK HERE

SIGNATURE AND EXCELLENG PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #