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## **2002 UNIFORM BUSINESS REPORT (UBR)**

FILED A93000000419 **DOCUMENT #** 02 MAR 19 PM 5: 09 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA WELLINGTON PLACE, LTD Principal Place of Business Mailing Address 5538-A N.W. 43RD STREET 5538-A N.W. 43RD STREET GAINESVILLE FL 32653 **GAINESVILLE FL 32653** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 59-3177540 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSS, LARRY A Street Address (P.O. Box Number is Not Acceptable) 5538-A N.W. 43RD STREET **GAINESVILLE FL 32653** City Zip Code FI 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. 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions \$170,000.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES 588324 DOCUMENT # STREET ADDRESS LARRY ROSS BUILDER, INC. NAME 5538-A N.W. 43RD STREET STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32653** CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME <del>600005180696--0</del> -04/01/02--01088--012 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*526.25 \*\*\*\*150.00 **DOCUMENT #** STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME : STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS NAME STREET ADDRESS

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 accordate 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

LARRY KOSS 3/15/02 352-377.1294