2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9300001364							
1. Entity Name WHC LIMITED PARTNERS					SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business 455 DOUGLAS AVE.R. STE. 2155-26 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714				72	00 JUN 23 PM 1: 29		
2. Principal Place of Business 3. Mailing Address 222 W Con				tock Ave		1 5190	
Suite, Apt. #, etc. Suite, Apt. #, etc. 214				tock the		DO NOT WRITE IN THIS	S SPACE
City & State Winter Park, FL Winter Par				FL	4. FEI Number 59-32 13208 Applied For Not Applicable		
Zip Country Zip 32789			Count				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RAMSEUR, F. F III 210 COLONIAL LANE				Name Street Address (P.O. Box Number is Not Acceptable)			
LONGWOOD FL 32750							
				City		F	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
9. Capital Co	ntributions - \$100,000.00	Contrib			11. MAKE CHECK PAYAB	LE TO DEPT. OF STATE OR FEE INFORMATION	
as Shown	A GENERAL PARTNER TH	AT IS A BUSINESS ENTI	TÝ MU	IST BE REGIST	ERED AND ACTI	IVE WITH THIS OFFIC	Æ
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#	P94000032434			T ADDRESS			
NAME STREET ADDRESS				ST-ZIP			
DOCUMENT#	LONGWOOD FL 32750						
NAME STREET ADDRESS				ST-ZIP	100	003317	2114
CITY-ST-ZIP				51-2F	-07/1070001014020 		
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Dayline Phone #							