Principal Place of Business

Mailing Address

3158 REDHILL AVENUE. SUITE 120 COSTA MESA CA 92626-3416

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SECRETARY OF STATE TAREATHASSEE: FUORIDA



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State

Country

City & State

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 59-3263790

Not Applicable \$8.75 Additional

Applied For

5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD., SUITE 1500 MIAMI FL 33131

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.

Zip

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

9. Capital Contributions \$1,984,858.00 as Shown on record.

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	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME	L99000007467 WNC FLORIDA, LLC	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	3158 REDHILL AVENUE, SUITE 120 COSTA MESA CA 92426-3416	CITY-ST-ZIP	200009233162 11/27/0201007003 **1026.25
DOCUMENT # NAME	HERITAGE PARTNERS GROUP XV, INC.	STREET ADDRESS	THE CONTRACTOR OF THE CONTRACT
STREET ADDRESS CITY-ST-ZIP	3158 REDHILL AVENUE, SUITE 120 COSTA MESA CA 92626-3416	CITY-ST-ZIP	
DOCUMENT # NAME	WIMAUMA GROUP, INC.	STREET ADDRESS	
	3158 REDHILL AVENUE, SUITE 120 COSTA MESA CA 92626-3416	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	FINCT TOOO
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # :	matic	STREET ADDRESS	126 245
STREET ADDRESS CITY-ST-ZIP	and the second	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

WNC & Associates, Inc, Managing Member of WNC Florida, LLC.

SIGNATURE: By: SIGNATURE AND TYPED OR PRINTED NAMBOF SIGNING GENERAL PARTNER

David N. Shafer, Ex.V.P.

11/8/02 714-662-5565

CR2E003 (4/02)