2000 UNIFORM BUSINESS REPORT (UBR) **APPROVED** A94000001385 **DOCUMENT #** 1. Entity Name 00 APR -5 PM 12: 12 KENSINGTON/IVANHOE, LTD. SECRETARY OF STATE Mailing Address Principal Place of Business TALLAHASSEE, FLORIDA 1101 BRICKELL AVENUE, SUITE M-100 1101 BRICKELL AVENUE. SUITE M-100 MIAMI FL 33131-3114 MIAMI FL 33131 2. PrincipaLPlace of Business Brickell Avenue DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0539883 Not Applicable \$8.75 Additional Dade 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GÜREN, SHELDON B 1101 BRICKELL AVENUE, SUITE M-100 **MIAMI FL 33131** 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) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$762,500.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. M99100 DOCUMENT # STREET ADDRESS Brickell Avenue, Suite 1005= W-G VENTURE #1, INC. NAME 1101 BRICKELL AVENUE, SUITE M-100 STREET ADDRESS CITY-ST-ZIP Hiaml, FL 33131 **MIAMI FL 33131** CITY-ST-70 DOCUMENT # STREET ADDRESS 500003217775-NAME 04/20/00--01114--019 STREET ADDRESS ****526.25 ****526.25 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SX - ZIP STREET ADDRESS NAME STREET ADDRESS CTY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER