2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000250

1. Entity Name

River Wilderness Golf Associates Limited

FILED
01 MAY -3 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
One Wilderness Blvd Parrish, FL 34219	2600 Douglas Rd, #505 Coral Gables, FL 33134

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 505
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0556462 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Wade Capital, Inc. 2600 Douglas Rd., #505 Coral Gables, FL	Name Street Address (P.O. Box Number Is Not Acceptable) 505 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.

SIGNATURE William G. Vernon Pres. 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. 3,278,080.00

10. Amount of Capital Contributions in FLORIDA to date. 3,278,080.00

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 #	P95000013023	STREET ADDRESS	
NAME	Wade Capital, Inc.		
STREET ADDRESS	2600 Douglas Rd., #505		
CITY-ST-ZIP	Coral Gables, FL 33134	CITY-ST-ZIP	000004334940--6 -05/30/01--01098--025 ****535.00 ****535.00
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CR2E003 (11/00)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: William G. Vernon William G Vernon 4/30/01 305 448 1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #