

2001 UNIFORM BUSINESS REPORT (UBR)

0015013 AF

DOCUMENT # A95000000251

1. Entity Name

RIVER WILDERNESS ASSOCIATES LIMITED

Principal Place of Business

ONE WILDERNESS BLVD
PARRISH FL 34219

Mailing Address

ONE WILDERNESS BLVD
PARRISH FL 34219

FILED

01 MAY -3 PM 12:08

SECRETARY OF STATE
TALLAHASSEE-FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2600 Douglas Rd

SOS

Coral Gables, FL

33134

4. FEI Number

65-0556464

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WADE CAPITAL, INC.

2600 DOUGLAS RD., #803 SOS
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$5,626,236.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$5,626,236.00

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

DOCUMENT # P95000013023
NAME WADE CAPITAL, INC.
STREET ADDRESS 2600 DOUGLAS RD., #803 SOS
CITY-ST-ZIP CORAL GABLES FL 33134

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

800004334948--1
-05/30/01--01100--003

STREET ADDRESS

CITY-ST-ZIP

*****535.00 *****535.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

William G. Vernon 700/01 305 448 1070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)