


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001651 AT

DOCUMENT # A95000000286	
1. Entity Name WILDERNESS VENTURES, LTD.	

FILED
03 MAY -2 PM 6:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business 5290 HIATUS ROAD SUNRISE FL 33351	Mailing Address 5290 HIATUS ROAD SUNRISE FL 33351
2. Principal Place of Business	3. Mailing Address

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

DUE BY MAY 1, 2003	
4. FEI Number 65-0561458	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
VITALE, STEVEN G 32C S.E. OSCEOLA ST. STUART FL 34994

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P94000069254
NAME	WILDERNESS GOLF & COUNTRY CLUB, INC.
STREET ADDRESS	5290 HIATUS ROAD
CITY-ST-ZIP	SUNRISE FL 33351
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900017862519
CITY-ST-ZIP	05/02/03--01016--011 **526.25
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: 	4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date
	Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE