## **2003 LIMITED PARTNERSHIP**

## UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A9500000581

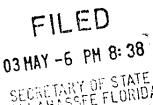
1. Entity Name PAGE W, LTD.



Principal Place of Business 4340 HICKORY SHORES BLVD. GULF BREEZE FL 32561

Mailing Address
4340 HICKORY SHORES BLVD. GULF BREEZE FL 32561

03 HAY -6 PH 8: 38 SECRETARY OF STATE TALLAHASSEE FLORIDA



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2. Principal Place of Business			3. Mailing Address				11881811	717 : 4121 31311 <b>34</b> 111 6911	1 <b>48</b> (11 <b>68</b> (1)		T(10) (0(0) (10) 122)
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003					
City & State			City & State				4. FEI Number	4. FEI Number 59-3328647 Applied For Not Applicab			
Zip Country			Zip				5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered	l Agent			7. Name and A	Address of New Re	gistered	Agent	
WARD, RONALD E					Na	ame	• .				
· ·	KORY SHO	RES BLVD		Street Addre			(P.O. Box Number	is Not Acceptable)			
GULF BREEZE FL 32561					-						
	,					· <del></del>					
					Ci	ty			FI	Zip	Code
	named entity tions of regist	y submits this statement fo ered agent.	r the purpo	se of changing its re	egistered of	fice or registe	ered agent, or both,	, in the State of Flor	ida. Lam	familiar	with, and accept
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applic	able.					DATE		
9. Capital Contributions as Shown on record. \$500.00 In FLORIDA I					e			11. MAKE CHECK SEE REVERS	SIDE FO	R FEE II	
·		GENERAL PARTNER T General Partners MA	Y NOT be	changed on the	form; an			to change a ge	neral pa	rtner.	· · · · · · · · · · · · · · · · · · ·
12.		GENERAL PARTNER	INFORMA	TION	13.			ADDRESS CHA	NGES O	VLY_	
DOCUMENT # NAME	אאסט פר	NAID E			STREET ADD	DRESS					
STREET ADDRESS CITY-ST-ZIP	WARD, RONALD E 4340 HICKORY SHORES BLVD. GULF BREEZE FL 32561				CITY-ST-ZI	-ZIP					
DOCUMENT #	<u>-</u>				STREET ADD	DRESS	<u> </u>				
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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 employered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

STAPLE CHECK HERE

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

CR2E003 (10/02)