

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001043

1. Entity Name

WMC PARTNERS, LTD.

APPROVED  
AND  
FILED

00 MAR 29 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*rf 4/5*



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2300 GLADES ROAD SUITE 100 E BOCA RATON FL 33431	Mailing Address 2300 GLADES ROAD SUITE 100 E BOCA RATON FL 33431-7335
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0608880	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  GREENFIELD, WILLIAM 2300 GLADES ROAD SUITE 100 E BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$445,500.00	10. Amount of Capital Contributions in FLORIDA to date. 445,500.00	11. MAKE CHECK PAYABLE TO 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P95000053315 WMC EQUITY CORP. 2300 GLADES ROAD, STE. 100 E BOCA RATON FL 33431	STREET ADDRESS CITY - ST - ZIP	300003204653--1 -04/11/00--01133--007 ****526.25 ****526.25
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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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Signature of GP* 3/23/00 (561) 392-6662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
William R Greenfield

CR2E003 (9/99)