

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001953**

1. Entity Name  
**WLD REALTY, LTD.**



**FILED**  
**03 MAY -6 PM 7:21**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**401 E LAS OLAS BLVD., SUITE 2200**  
**FT. LAUDERDALE, FL 33301**

**301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

Zip

Country

Zip

Country

4. FEI Number **65-0636145**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HORVITZ, DAVID W**

Name

Street Address (P.O. Box Number is Not Acceptable)

**401 E LAS OLAS BLVD., SUITE 2200**  
**FT. LAUDERDALE, FL 33301**

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

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

DATE

9. Capital Contributions as Shown on record. **\$41,232,688.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**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 # **G98313900036**  
NAME **WLD TRUST**  
STREET ADDRESS **20600 CHAGRIN BLVD., SUITE 220**  
CITY-ST-ZIP **SHAKER HEIGHTS OH 44122**

STREET ADDRESS **401 E LAS OLAS BLVD #2200**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**200018030382**  
**05/06/03--01013--011 \*\*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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/10/03**

Date

Daytime Phone #

0002841 AV

CR2E003 (10/02)