


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016739 AT

DOCUMENT # A96000001117	
1. Entity Name WESTERN PACIFIC, LTD.	

FILED

03 APR 28 AM 8:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOJH

Principal Place of Business 10 SE CENTRAL PARKWAY, #315 STUART FL 34994	Mailing Address P.O. BOX 439 PALM CITY FL 34991
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0676299		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAW OFFICE OF RUDOLPH M. DI LASCIO, JR., PA 5798 JOHNSON STREET HOLLYWOOD FL 33021

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

9. Capital Contributions as Shown on record. \$500,000.00	10. Amount of Capital Contributions in FLORIDA to date. 580,000.00	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 #	P96000050216
NAME	PROSERVE INTERNATIONAL, INC.
STREET ADDRESS	10 SE CENTRAL PARKWAY, #315
CITY-ST-ZIP	STUART FL 34994
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	100017187401
CITY-ST-ZIP	04/28/03--01064--001 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
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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: <u>RONALD L. SCHMIDT</u> 4/24/03 (772) 386-1168 President of Proserve	Daytime Phone #
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CR2E003 (10/02)

STAPLE CHECK HERE