2001 UNIFORM BUSINESS REPORT (UBR)

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WENSO	محسره			01 MAY - 1 PM 5: 32		
Principal Plac	no of Business	Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address 5401 KIRKMAN ROAD. SUITE 725 ORLANDO FL 32819 ORLANDO FL 32819			E 725		TALLAHASSEE, FLORIDA	
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2 Principal F	Place of Business	3. Mailing Address				
<u>5729</u>	8 Major Blud	5728 Mai	x Blud		2.7 III	
Suite, Apt. S いナ	.#, etc.	Suite, Apt. #, etc.	od		DO NOT WRITE IN THIS SPACE	
City & Stat		City & State Orland	FI		4. FEI Number Applied For S9-3403166 Not Applicable	7
Zip	Country		Country	1_	5 Certificate of Status Desired S8.75 Additional	1
328	6 Name and Address of Current 6	Secretary Agent	<u>"Ü.S. A</u>	τ	7. Name and Address of New Registered Agent	\dashv
6. Name and Address of Current Registered Agent				171		1
KHATIB, F		Cto-ot A	Name Khatib, Rashid A			
· ·		Street Address (P.O. Box Number/s Not Acceptable)				
5401 KIRKMAN ROAD, SUITE 725 ORLANDO FL 32819			5,	50:te 601		
	7 1 2 02010		City	7/1-	FL Zip Code 30819	1
U/1anau FL 32817						
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						
Signature, typed or printed name of registered agent and title if applicable. (NOTI Registered Agent signature)						-
Capital Co as Shown		10. Amount of Capit il in FLORIDA to ditte			11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS EN TITY 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.						
NOTE: General Partners MAY NOT be changed on it e form 12. GENERAL PARTNER INFORMATION 13.				nament	ADDRESS CHANGES ONLY	1
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NAME	WENVEST, INC.		STREET ADDRESS	57	28 Major Diva Suite Gol	1
STREET ADDRESS CITY-ST-ZIP	5401 KIRKMAN ROAD, SUITE 725		CITY-ST-ZIP	Och	ando FL 32819	
DOCUMENT #	ORLANDO FL 32819			<u> </u>	, 1 2 2001 T	1
NAME			STREET ADORESS]
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indicated the receiv	certify that the information supplied with the on this report is true and accurate and the or trustee empowered to execute his	uns ming does not quality for the hat my signature shall have the report as required by Chap a	ne exemption stat e same legal effe r 620, Florida Stat	ed in Sec ct as if ma ates	ction 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership or	

TREVILLE OF GENERAL PARTNER (C.P.) 4-2501 407-352-0016

OF SIGNING GENERAL PARTNER

Date

Date