2002 UNIFORM BUSINESS REPORT (UBR)

000178 SP

DOCUMENT # A96000001421

1. Entity Name

WHITE CROW, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR -3

Principal Place of Business	Mailing Address
3463 ARBOR DRIVE SPRING HILL FL 34607	3463 ARBOR DRIVE SPRING HILL FL 34607

2. Principal Place of Business	3. Mailing Address
3463 HARBOR DRIVE Suite, Apt. #, etc.	3463 HARBOR DRIVE Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DUE BY MAY 1, 2002

4. FEI Number 59-3393413 ☐ 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
SARCHET, WILLIAM 3463 ARBOR DRIVE SPRING HILL FL 34607	Name Street Address (P.O. Box Number is Not Acceptable) 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.

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$2,500.00	2500	

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	SARCHET, WILLIAM 3463 ARBOR DRIVE SPRING HILL FL 34607	STREET ADDRESS CITY-ST-ZIP	3463 HARBOR DRIVE
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STAPLE CHECK HERE

CR2E003 (9/01)

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: William Sarchet GP 3.6.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #