## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9600001699						FILED			
1. Entity Name						02 FEB 28 AM 10: 27			
WILSHIRE PINES, LTD.					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business  2700 PINE RIDGE ROAD  NAPLES FL 34105  Mailing Address  2700 PINE RIDGE ROAD  NAPLES FL 34105									
2. Principal Place of Business 3. Mailing Address					· <del></del>				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2002			
City & State			City & State		4. FEI Number	65-0695195	Applied For Not Applicable		
Zip		try		Country			F	8.75 Additional ee Required	
	.f. Name and Ad	dress of Current Ro	egistered Agent	Nai	7. Name and Address of New Registered Agent Name				
JOHNSON, KENNETH R 4001 TAMIAMI TRAIL NORTH, SUITE 300					Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 34103					+		<del>-</del>		
				City	у		FL.	Zip Code	
8. The above	named entity submit	s this statement for t	he purpose of changing its re	egistered offi	ce or register	ed agent, or both,	in the State of Florida.		
SIGNATURE.	Signature, typed or printed r	name of registered agent and	d title if applicable.				DATE		
9. Capital Contributions as Shown on record.  10. Amount of Capital in FLORIDA to date					SEE REVERSE SIDE FOR FEE INFORMATION				
							TIVE WITH THIS OFFICE to change a general part		
12.		ENERAL PARTNER I		13.			ADDRESS CHANGES ONL		
DOCUMENT # NAME	P95000041184 WILSHIRE PINES DEVELOPMENT CORPORATION 2700 PINE RIDGE ROAD NAPLES FL 34105			STREET ADOP	RESS				
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	,				
DOCUMENT # NAME				STREET ADDR	RESS	200005041912 <sub>019</sub> 4			
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP		- <u>·     </u>		****141.25	
DOCUMENT # NAME				STREET ADDR	RESS				
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	·				
DOCUMENT # NAME				STREET ADDR	RESS				
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	·			· · · · · · · · · · · · · · · · · · ·	
DOCUMENT # NAME				STREET ADDR	RESS				
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	,,				
DOCUMENT # NAME				STREET ADDR	RESS	·			
STREET ADORESS CITY-ST-ZIP				CITY-ST-ZIP					
14. I hereby of indicated the receiv	certify that the information this report is true ver or trustee employer	ation supplied with the and accurate and the ered to execute this r	nis filing does not qualify for the at my signature shall have the report as required by Chapter	he exemptior e same legal r 620, Florida	n stated in Se I effect as if m a Statutes	ction 119.07(3)(i), ade under oath; th	Florida Statutes. I further certif hat I am a General Partner of the	y that the information ne limited partnership or	

SIGNATURE:

Whure required

9416494440

CR2E003 (9/01)