2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   A96000002440

1. Entity Name

WSH & ASSOCIATES, LTD.

APPROVED
AND
FILED

00 APR -5 PM 12: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6400 YOUNGERMAN CIRCLE JACKSONVILLE FL 32244	6400 YOUNGERMAN CIRCLE JACKSONVILLE FL 32244-5733

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	**4.** FEI Number 59-3421880 Applied For / Not Applicable
Zip Country	Zip Country	**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
SCHNEIDER, MICHAEL N 4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216	Name *Michael N. Schneider* Street Address (P.O. Box Number is Not Acceptable) *5150 Belfort Road* *Building 100* City *Jacksonville* **FL** Zip Code *32256*

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   (NOTE: Registered Agent signature required when reinstating)   DATE

9. Capital Contributions as Shown on record. **$1,552,000.00**	**10.** Amount of Capital Contributions in FLORIDA to date.	**11. MAKE CHECK PAYABLE TO 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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000103062 WSH PROPERTIES, INC. 6400 YOUNGERMAN CIRCLE JACKSONVILLE FL 32244	STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 HECHT, WILLIAM 6400 YOUNGERMAN CIRCLE JACKSONVILLE FL 32244	STREET ADDRESS CITY-ST-ZIP		6000003217776--2 -04/20/00--01114--020 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 HECHT, SONIA 6400 YOUNGERMAN CIRCLE JACKSONVILLE FL 32244	STREET ADDRESS CITY-ST-ZIP		
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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 NOT REQUIRED

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

CR2E003 (9/99)