2001 UNIFOR	RM BUSINESS REPORT	(UBR)
OCUMENT#	A06000003470	

DOCUMENT # A9600002470  1. Entity Name			, ,		
WHISKEY CREEK DEVELOPMENTS, LTD.			FILED		
Principal Plac	Principal Place of Business Mailing Address			01	MAR -5 AN 11: 28
SUITE 18. ANGLERS PLAZA SUITE 18. ANGLERS 870 BALD EAGLE DRIVE 870 BALD EAGLE DRIVE		SUITE 1B. ANGLERS PLAZA 870 BALD EAGLE DRIVE MARCO ISLAND FL 34145	AS PLAZA DRIVE L 34145 Si		ECRETARY OF STATE LLAHASSEE, FLORIDA
Principal Place of Business     Address     Address		3. Mailing Address			L REALEM LAND COLLO BENE BOND BRINE BOND BENE BOND BOND HIND LEARS CONTROLS
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State City & State		City & State	ate		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent Name	
WHICKEY	CREEK DEVELOPMENTS, INC.	• •	. •		
	ANGLERS PLAZA			Street Address (P.O. Box Number is Not Acceptable)	
•	EAGLE DRIVE				
MARCO ISLAND FL 34145			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 .	Signature, typad or printed name of registered agent ar	nd title if applicable. (NOTE:	Registere	d Agent signature required	
9. Capital Contributions as Shown on record.  10. Amount of Capital Coin FLORIDA to date.				outions	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		13.	, an amendmen	ADDRESS CHANGES ONLY
DOCUMENT #	P96000086596		STRE	EET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP	TREET ADDRESS SUITE 1B, ANGLERS PL., 870 BALD EAGLE DR		CITY	-ST-ZIP	9000038033594
DOCUMENT #	MARCO ISLAND FL 34145		STRE	ET ADORESS	-03/08/0101121002 ****141.25 ****141.25
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DOCUMENT # NAME	ME		STRE	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	ITY-ST-ZIP			-ST-ZIP	-
14 I hereby	certify that the information supplied with:	this filing does not qualify for t	he exe	mption stated in Se	ction 119.07(3)(i), Florida Statutes. I further certify that the information

1 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

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