2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A970000042 1. Entity Name WELP GOLF INVESTMENT, LTD.						FILED 02 APR 11 AM 8: 41 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
										Principal Place of Business Mailing Address C/O ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DRIVE 5211 INTERNATIONAL DRIVE ORLANDO FL 32819 ORLANDO FL 32819
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, e						DUE BY MAY 1, 2002				
City & State			City & State			4. FEI Number	59-3417222		Applied For Not Applicable	
Zip		ountry	Zip			5. Certificate o	of Status Desired	⋈ \$8	3.75 Additional e Required	
6. Name and Address of Current Registered Agent					Name	7. Name and A	Address of New Reg	jistered Age	ent .	
ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE					Street Address	treet Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32819										
					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, typed or print	ited name of registered agent and	1	21.7	DATE					
9. Capital Contributions as Shown on record. \$4,800,000.00 10. Amount of Capital Contributions in FLORIDA to date.								SIDE FOR F	DEPT. OF STATE SEE 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.									—— ∋r.	
12.	12. GENERAL PARTNER INFORMATION					3. ADDRESS CHANGES ONLY				
NAME	ESTEIN GOLF CORPORATION 5211 INTERNATIONAL DRIVE ORLANDO FL 32819			STREE	ET ADDRESS		<u>.</u>			
STREET ADDRESS CITY-ST-ZIP				CITY-	-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP		***************************************			
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04-08-02 Date

407-354-3307

Daytime Phone #

CR2E003 (9/0