

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

001631  
AT

DOCUMENT # A97000000338

1. Entity Name

WAM LIFE CARE ASSOCIATES, LTD.

02 MAR -8 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1601 BELVEDERE ROAD, SUITE 407-S  
WEST PALM BEACH FL 33406

Mailing Address  
1601 BELVEDERE ROAD, SUITE 407-S  
WEST PALM BEACH FL 33406



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number 65-0745230 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

MEYER, WILLIAM A  
1601 BELVEDERE ROAD, SUITE 407-S  
WEST PALM BEACH FL 33406

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. \$1,000.00 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 # P97000007837  
NAME WAM MANAGEMENT I, INC.  
STREET ADDRESS 1601 BELVEDERE ROAD, SUITE 407-S  
CITY-ST-ZIP WEST PALM BEACH FL 33406

STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS 800005109138--9  
CITY-ST-ZIP 03/15/02 01006 002  
\*\*\*\*141.25 \*\*\*\*141.25

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	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

Date Daytime Phone #

2/28/02 (561) 689-6602

CR2E003 (9/01)

STAPLE CHECK HERE