

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001730 AT

DOCUMENT # **A97000000338**1. Entity Name
WAM LIFE CARE ASSOCIATES, LTD.**FILED**

03 MAR 25 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal 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

4. FEI Number **65-0745230**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.**\$1,000.00**10. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO FL. 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

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200014683862
03/25/03--01067--011 **141.25**M THOMAS**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**3/21/2003 (JW) 689-6602**
Date Daytime Phone #

CR2E003 (10/02)