## 2000 UNIFORM BUSINESS REPORT (UBR)

					<u> </u>	_
DOCUMENT # A9700001089  1. Entity Name						
WHITE EDELWEISS, LIMITED PARTNERSHIP						FILED
Principal Plac 6911 RIVERVII BRADENTON	EW BOULEVA		7918-MANATER-AVENUE-1	Mailing Address 69//RiveyviewB/ 2318-MANATEE-AVENUE-WEST-#287- N.W. BRADENTON FL 34209-8427-		SECRETARY OF STATE
Principal Place of Business     3. Mailing Address						I I BANGIT IRIO NOKI IBRIJ BANI) OBINI BANIK BANIK BANIK BANIK BANGI KUKIO YAN KORI I
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE
			City & State	<u> </u>		4. FEI Number 65-0753296 Applied For Not Applicable
Zip	C Name	Country	Zip			5. Certificate of Status Desired
	o. Name	and Address of Current F	regratered Agent		Name	
KEENE, WILLIAM					K	EENE, WILLIAM - (P)3F6Nuavenuevehale (P)3F6Nuavenuevehale (P)
9721 EXECUTIVE CENTER DRIVE NORTH SUITE 102					St. Petersburg	
ST. PETERSBURG FL 33702					City	FL 33962
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 tit to applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
9. Capital Contributions as Shown on record. \$1,960.00 In FLORIDA to date. \$1,960						
	A	GENERAL PARTNER TI	HAT IS A BUSINESS EN	TITY M	IUST BE REGIS	STERED 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						
DOCUMENTA  NAME  WHITE, LESLIE R  6911RIVETVIEW Blue  ALW					EFT ADDRESS	
NAME STREET ADDRESS CITY-ST-ZEP					r-ST-ZIP	0000031956105 -04/04/0001085016
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	WHITE, BEVERLY F 69/1R/Yerview 5/101. 7316 MANATEE AVENUE WEST, #287 PRADENTAN EL 24000			STR	EET ADORESS	****141.25 ****141.25
DOCUMENT #	BRADENTON FL 34209				EET ADDRESS	
NAME STREET ADDRESS CITY - ST - ZIP				CITY	r-ST-ZIP	
DOCUMENT #				STP	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				CITY	/-ST-ZIP	
DOCUMENT#	0.3.844			STR	EET ADORESS	
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DOCUMENT#				STR	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP					/-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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes						
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date Dayline Phone #						
managing bartner.						