

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A97000002244**

1. Entity Name  
**USWLR, LTD.**



Principal Place of Business  
**2295 CORPORATE BLVD NW, SUITE 222  
BOCA RATON FL 33431**

Mailing Address  
**2295 CORPORATE BLVD., NW  
SUITE 222  
BOCA RATON FL 33431**

**FILED**

**03 MAY -5 PM 7:02**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0788604</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

**DUE BY MAY 1, 2003**

**6. Name and Address of Current Registered Agent**

**HERRICK, NORTON  
THE HERRICK COMPANY, INC.  
2295 CORPORATE BLVD., N.W., SUITE 222  
BOCA RATON FL 33431**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	P97000089320	STREET ADDRESS	
NAME	G-P USW, INC.	CITY-ST-ZIP	
STREET ADDRESS	2295 CORPORATE BLVD., N.W., SUITE 222		
CITY-ST-ZIP	BOCA RATON FL 33431		
DOCUMENT #		STREET ADDRESS	000018027010
NAME		CITY-ST-ZIP	05/05/03--01126--001 **8771.25
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NAME		CITY-ST-ZIP	
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 REQUIRED PRES of CAP 5/1/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0003632  
AV

CR2E003 (10/02)

STAPLE CHECK HERE