

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002364**

1. Entity Name

LUCKY 7 W LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 12 PM 1:33

Principal Place of Business

7076 N.E. ROAN
ARCADIA FL 33821 34266

Mailing Address

7076 N.E. ROAN
ARCADIA FL 34266-5903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0800286

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

MADEE, INC.

7076 N.E. ROAN

ARCADIA FL 33821 34266

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

MARY S. WILSON
President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-00

9. Capital Contributions
as Shown on record

\$128,332.00

10. Amount of Capital Contributions
in FLORIDA to date

128,332.00

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 # P97000026716
NAME MADEE, INC.
STREET ADDRESS 7076 N.E. ROAN
CITY - ST - ZIP ARCADIA FL 33821 34266

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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:

MARY S. WILSON
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-18-00

Date

3-18-99

Daytime Phone #

CE 1003 (5/03)