

2005 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002671

1. Entity Name
WURZBURG FAMILY LIMITED PARTNERSHIP



Principal Place of Business
700 JOHN RINGLING BLVD., APT. #N313
SARASOTA FL 34236

Mailing Address
700 JOHN RINGLING BLVD., APT. #N313
SARASOTA FL 34236

FILED

2005 MAY -5 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2004	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0803709	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WURZBURG, A. HART 1255 GULFSTREAM AVENUE, #1008 1508 SARASOTA FL 34236		Name Street Address (P.O. Box Number is Not Acceptable) APT 1508 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 A. Hart Wurzburg DATE 4/8/03

9. Capital Contributions as Shown on record. \$972,500.00

10. Amount of Capital Contributions in FLORIDA to date. 526.25

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 #	P97000085955	STREET ADDRESS	
NAME	WURZBURG BOCA GREENS, INC.	CITY-ST-ZIP	
STREET ADDRESS	700 JOHN RINGLING BLVD., APT. #N313		
CITY-ST-ZIP	SARASOTA FL 34236		
DOCUMENT #		STREET ADDRESS	400055720664
NAME		CITY-ST-ZIP	06/03/05--01057--016 **437.50
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400055720664
NAME		CITY-ST-ZIP	06/03/05--01057--017 **89.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE 4/8/03 DAYTIME PHONE # 941-364 9952

CR2E003 (10/02)

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