

# 2000 UNIFORM BUSINESS REPORT (UBR)

0006117 A

DOCUMENT # A97000002807

1. Entity Name

WLD REAL ESTATE PARTNERS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33

Principal Place of Business  
450 EAST LAS OLAS BOULEVARD  
SUITE 900  
FT. LAUDERDALE FL 33301

Mailing Address  
450 EAST LAS OLAS BOULEVARD  
SUITE 900  
FT. LAUDERDALE FL 33301-2223



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number 65-0829226  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~HORVITZ, WILLIAM D.~~  
450 E. LAS OLAS BLVD., #900  
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent  
Name DAVID W HORVITZ  
Street Address (P.O. Box Number is Not Acceptable)  
450 East Las Olas Boulevard  
Suite 900  
City Ft. Lauderdale, FL 33301 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 *[Signature]* DATE 4/24/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$7,248,350.34  
10. Amount of Capital Contributions in FLORIDA to date. \$7,248,350.34  
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 #	P97000007496	STREET ADDRESS	
NAME	WLD PARTNERS GP, INC.	CITY - ST - ZIP	
STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 900		
CITY - ST - ZIP	FT. LAUDERDALE FL 33301		
DOCUMENT #		STREET ADDRESS	500003283135--1
NAME		CITY - ST - ZIP	-06/09/00--01085--017
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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: *[Signature]* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date 4/24/00 Daytime Phone #

(11/01) 00 12-0