2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000P04 AT

DOCUMENT # A97000002901

1. Entity Name
WAGGENER ENTERPRISES, LTD.

FILED
03 APR 22 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6321 QUARTER HORSE CIRCLE COCOA FL 32926	6321 QUARTER HORSE CIRCLE COCOA FL 32926

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-3484892 ☐ Applied For ☐ Not Applicable

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
WAGGENER, FREDERICK H 6321 QUARTER HORSE CIRCLE COCOA FL 32926	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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$18,950.00	18,950.00	

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 #		STREET ADDRESS	
NAME	WAGGENER, FREDERICK H		
STREET ADDRESS	6321 QUARTER HORSE CIRCLE	CITY-ST-ZIP	
CITY-ST-ZIP	COCOA FL 32926		
DOCUMENT #		STREET ADDRESS	
NAME	WAGGENER, TERESA Y		
STREET ADDRESS	6321 QUARTER HORSE CIRCLE	CITY-ST-ZIP	800016660418 04/22/03--01036--008 **221.40
CITY-ST-ZIP	COCOA FL 32926		
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CR2E003 (10/02)

STAPLE CHECK HERE

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: 1. SIGNATURE REQUIRED 4-14-03 324-452-8190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #