2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # . A9800000385 FILED be 3/2 1. Entity Name -WRH FORTUNE, LTD. 00 FEB 28 PM 2: 19 Mailing Address Principal Place of Business SECRETARY OF STATE TALLAHASSEE FLORIDA 100 SECOND AVE., SOUTH, SUITE 904 100 SECOND AVE., SOUTH, SUITE 904 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701-4337 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3491284 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. - Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GERMAIN, BONNIE Street Address (P.O. Box Number is Not Acceptable) 100 SECOND AVE., SOUTH, SUITE 904 ST. PETERSBURG FL 33701 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 10. Amount of Capital Contributions in FLORIDA to date. 815, 98 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$180,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY 12 GENERAL PARTNER INFORMATION P93000036337 DOCUMENT # STREET ADDRESS WRH PROPERTIES, INC. NAME 100 SECOND AVE., SOUTH, SUITE 904 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33701 CITY - ST - ZIP DOCUMENT # STREET ADDRESS <u>000003150180</u> -02/28/00--01140-STREET ADDRESS CITY-ST-ZIP ***2276.25 ****526.25 CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CFTY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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 AND TYPED OF PRINTED MANY OF NGNING GENERAL PARTNER

Date

Date

District Phone #

JOH PROPERTIES THE GEN PTNA