## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A9800000737  1. Entity Name				FILED
MERSTONE III LIMITED PARTNERSHIP				00 JAN 24 PM 4: 18
	·			SECRETARY OF CTATE
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA
901 VIA LUGANO POST OFFICE BOX 1523				TALLIATA OULL T LUMBA
WINTER PARK FL 32789 WINTER PARK FL 32790-15			523	
				A 1961BER FORD LEGAL CART BORNE BORNE BORNE ACTIVE CARTE CONTRACTOR FOR SALE
Principal Place of Business     3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & City				4. FEI Number P.O. 407004 Applied For
City & State		City & State		4. FEI Number 59-3497234   Applied For   Not Applied.
Zip	Country	Zip	Country	\$9.75 Additional
_ <del>-                                   </del>	,		,	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent				
F&LCORP. Name Richard E. DeLater				
F & L CORP.				SS (P.O. Box Number is Not Acceptable) UELWYN Management Comai
	ENLEAF BUILDING		900	velwyn Management Compa
200 LAURA STREET				Via Lugano
JACKSON	IVILLE FL 32201-0240		City	te - Post FL Zip Code 7 G-
		<del></del>	VVIII	ier ruin
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.				
01/17/00				
SIGNATURE ,	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered Agent signature re	quired when reinstating) DATE
9. Capital Contributions \$600.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE				
as Shown on record. In FLORIDA to date. 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#	P94000071617		STREET ADORESS	
NAME	WELWYN MANAGEMENT COMPANY		SINCE I ALIUMOSS	
STREET ADDRESS	901 VIA LUGANO WINTER PARK FL 32789		CITY-ST-ZIP	
CITY-ST-ZIP	WHITER FARK PL 32709	<del></del>		<u></u>
DOCUMENT#	<u>}</u>		STREET ADDRESS	0000031150204 -01/28/0001093006
NAME STREET ADDRESS			1 <del> </del>	****141.25 ****141.25
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CITY-ST-ZIP			CITY-ST-28P	
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STREET ADDRESS			CITY-ST-ZIP	
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NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZDP			CITY-ST-ZIP	
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 on the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes				
SIGNATURE ( SIGNATURE BROKETE BELLESSICA DE Later 1/17/00 40764765				
SIGNATURE: Date Description of Printed Name Of Signing General Partner Date Date Date Date Date Date Date Description of Date Date Description of Date Description of Date Date Description of Descriptio				
ABURATURE AND LITTED ON FRINTIED NAME OF SIGNAND GENERAL FARTITIES.				