2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001263

1. Entity Name

WRH CROSS CREEK, LTD.

FILED

01 FEB 21 PM 2: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
100 SECOND AVENUE SOUTH. SUITE 904	100 SECOND AVENUE SOUTH. SUITE 904
ST. PETERSBRUG FL 33701	ST. PETERSBRUG FL 33701

2. Principal Place of Business 6033 EAST NW HWY

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State DALLAS, TX	City & State	**4.** FEI Number 59-3511596	Applied For
			Not Applicable

Zip 75231   Country USA

Zip

Country

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
	Name
GERMAIN, BONNIE (BONNIE G. BERTOLINO)	Street Address (P.O. Box Number is Not Acceptable)
100 SECOND AVENUE SOUTH, SUITE 904	
ST. PETERSBURG FL 33701	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.

SIGNATURE _____   DATE
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. **$5,564,104.47**	**10.** Amount of Capital Contributions in FLORIDA to date.	**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 # P93000036337 NAME WRH PROPERTIES, INC. STREET ADDRESS 100 SECOND AVENUE SOUTH, SUITE 904 CITY-ST-ZIP ST. PETERSBRUG FL 33701	STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (11/00)

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 James G. Miller_   2-8-01   727-825-7705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #