

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002545 AF

DOCUMENT # **A98000001391**

1. Entity Name

**WENSOUTH SARASOTA, LTD.**

FILED

01 MAY -1 PM 5:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5401 KIRKMAN ROAD, SUITE 725  
ORLANDO FL 32819

5401 KIRKMAN ROAD, SUITE 725  
ORLANDO FL 32819



DO NOT WRITE IN THIS SPACE

**MJH**

2. Principal Place of Business

3. Mailing Address

5728 Major Blvd

5728 Major Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 601

Suite 601

City & State

City & State

Orlando, FL

Orlando, FL

4. FEI Number

59-3514589

Applied For

Not Applicable

Zip

Country

Zip

Country

32819

U.S.A.

32819

U.S.A.

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

**KHATIB, RASHID A**  
5401 KIRKMAN ROAD, SUITE 725  
ORLANDO FL 32819

Name **Khatib, Rashid A**

Street Address (P.O. Box Number is Not Acceptable)

5728 Major Blvd  
Suite 601

City **Orlando**

FL

Zip Code **32819**

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.

(NOT Registered Agent's signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$250,000.00

10. Amount of Capital Contributions in FLORIDA to date.

*(Signature)*

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 # **P98000050265**  
NAME **WENVEST II, INC.**  
STREET ADDRESS **5401 KIRKMAN ROAD, SUITE 725**  
CITY-ST-ZIP **ORLANDO FL 32819**

STREET ADDRESS **5728 Major Blvd Suite 601**  
CITY-ST-ZIP **Orlando, FL 32819**

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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)* **Treasurer Wenvest II, Inc (G.P.)**

4-25-01

407-352-0676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)