


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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Wly/B

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR -2 PM 12:10

<b>DOCUMENT # A98000001465</b> 1. Entity Name <b>ST. AUGUSTINE OUTLET WORLD, LTD.</b>	
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Principal Place of Business <b>C/O ESTEIN &amp; ASSOCIATES USA, LTD.</b> <b>5211 INTERNATIONAL DRIVE</b> <b>ORLANDO FL 32819</b>	Mailing Address <b>C/O ESTEIN &amp; ASSOCIATES USA, LTD.</b> <b>5211 INTERNATIONAL DRIVE</b> <b>ORLANDO FL 32819</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>DUE BY MAY 1, 2003</b>	
4. FEI Number <b>59-3519090</b>	Applied For
	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ESTEIN, LOTHAR**  
**5211 INTERNATIONAL DRIVE**  
**ORLANDO FL 32819**

**7. Name and Address of New Registered Agent**

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. <b>\$18,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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
DOCUMENT #	<b>L98000000490</b>
NAME	<b>WELP ST. AUGUSTINE OUTLET, L.C.</b>
STREET ADDRESS	<b>5211 INTERNATIONAL DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.	ADDRESS CHANGES ONLY
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<b>100015178781</b> <b>04/02/03--01059--009 **535.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED: ESTEIN      03/28/03      407 354 3307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (10/02)