

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021536 IN

DOCUMENT # A98000001732



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -1 AM 9:51

1. Entity Name WCE LIMITED	Mailing Address 11 CHURCH STREET, SUITE 200 TORONTO, ONTARIO M5E 1W1 CANADA
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2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number 98-0200523	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, RALPH SR
14237 LAKE UNDERHILL ROAD
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name **SMITH RALPH SR**
 Street Address (P.O. Box Number is Not Acceptable)
6003 RIVERSIDE DRIVE
 City **YANKEETOWN FL** Zip Code **34498**

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 **RALPH SMITH** DATE **4/23/03**

9. Capital Contributions as Shown on record. \$99.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P98000062790
NAME	WCE FLORIDA, INC.
STREET ADDRESS	11 CHURCH STREET, SUITE 200
CITY-ST-ZIP	TORONTO, ON. M5E 1W1 CA
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	700018472387 05/08/03--01006--024 **52.50
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	700018472387 07/01/03--01029--002 **88.75
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: **AS.O.** DATE **APRIL 22, 2003** DAYTIME PHONE # **416-861-5787**

CR2E003 (10/02)

SAMPLE CHECK HERE