

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

DOCUMENT # **A98000002479**

1. Entity Name

WHISPERING WATERS 102 & 103, LTD.

01 MAY -1 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3195 NORTH POWERLINE ROAD, SUITE 104
POMPANO BEACH FL 33069

Mailing Address

3195 NORTH POWERLINE ROAD, SUITE 104
POMPANO BEACH FL 33069



3. Mailing Address

DO NOT WRITE IN THIS SPACE

1000 E. Hillsboro Boulevard
Ste 100

1000 E. Hillsboro Boulevard
Ste 100

Deerfield Beach, FL 33441

Deerfield Beach, FL 33441

4. FEI Number

65-0882723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRENNER, SCOTT
3195 NORTH POWERLINE ROAD, SUITE 104
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name **SAME**

1000 E. Hillsboro Boulevard
Ste 100
Deerfield Beach, FL 33441

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$217,077.36

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

DOCUMENT # **P98000092382**
NAME **WHISPERING WATERS GENPAR, INC.**
STREET ADDRESS **3195 NORTH POWERLINE ROAD, SUITE 104**
CITY - ST - ZIP **POMPANO BEACH FL 33069**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **1000 E. Hillsboro Boulevard**
CITY - ST - ZIP **Ste 100**
Deerfield Beach, FL 33441

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)