2001 UNIFORM	BUSINESS	REPORT	(UBR)
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DOCU 1. Entity Nar	MENT# A9800	0002594		<u>, </u>					4921 A
WILLIAM	MEREDITH, LTD.				FI	_ED			ī
Principal Plac	ce of Business	Mailing Address			O1 APR 2	3 PN 12: 39			
	167 SHELL LANE P.O. BOX 2156 ABELLE FL 33935 LABELLE FL 33975-2156 S			SECRETAR	SECRETARY OF STATE ALLAHASSEE ELORIDA				
2. Principal f	Place of Business	3. Mailing Address			IIII	.B)	 		11
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	*	<u></u> .		DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State	-	~	4. FEI Nun	4. FEI Number 65-0859291 Applied Fo			
Zip	Country	Zip 	Coun	try	5. Certifica	ite of Status Desired		8.75 Additional se Required	
	6. Name and Address of Current F	Registered Agent		Nomo	7. Name a	nd Address of New R	egistered Ag	ent _	╡
MEREDITH	I, WILLIAM J SR.			Name Street Address (P.O. Box Number is Not Acceptable)					_
3167 SHELL LANE							, 	<u></u>	_
LABELLE FL 33935			City FL Zip Code					-	
8. The above	e named entity submits this statement for	the purpose of changing its re	egistere	ed office or regi	stered agent, or t	ooth, in the State of Flo	rida.		٦.
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	Registered	d Agent signature rec	puired when reinstating)		DATE		
9. Capital Co as Shown		10. Amount of Capital in FLORIDA to dat	Contrib					O DEPT. OF STATE FEE INFORMATION	
	A GENERAL PARTNER TO NOTE: General Partners MA	HAT IS A BUSINESS ENT Y NOT be changed on the	ITY M	UST BE REG ; an amendn	ISTERED AND nent must be fi	ACTIVE WITH THI led to change a ge	S OFFICE. neral partn	er.	
12.	GENERAL PARTNER	INFORMATION	13.			ADDRESS CHA	NGES ONLY		\exists $\stackrel{\checkmark}{=}$
DOCUMENT / NAME STREET ADDRESS	P98000069730 MEREDITH PROPERTIES, INC. 3167 SHELL LANE			ET ADDRESS		 		<u></u>	ZE003 (11/00)
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STREET ADDRESS CITY-ST-ZIP	aring the was sected to the man			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 William J. Neredity So									or
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date D									

4/19/2001

863-674-050e Daytime Phone #