2002 UNIFORM	BUSINESS	REPORT	(UBR)
--------------	-----------------	---------------	-------

DOCUMENT # A9800002594 1. Entity Name					FILED						
WILLIAM MEREDITH, LTD.				02 FEB 28 PM 1: 04							
							SEC	RETARY OF STATE AHASSEE. FLORID	A		
Principal Place of Business Mailing Address 3167 SHELL LANE P.O. BOX 2156 LABELLE FL 33935 LABELLE FL 33975-2156					TALL	AHASSEE. FLUKIU	Д				
Principal Place of Business 3. Mailing Address							881/8 (1887 B/10 B) 8181				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2002			002				
City & Stat	te		City & S	tate			4. FEI Number	65-0859291	Applied For		
Zip _	-	Country	Zip		Cour	ntry	5. Certificate o	f Status Desired	\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered A	gent		Nama	7. Name and A	ddress of New Registered	Agent	4	
MEREDITI	H, WILLIAM	J SR.				Name					
3167 SHE	· · ·					Street Address	(P.O. Box Number	is Not Acceptable)			
LABELLE	FL 33935										
						City		FL	Zip Code		
	named entity	submits this statement fo	or the purpose	of changing its r	egister	ed office or registe	red agent, or both	, in the State of Florida.			
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if applicable	ð.	·	<u>.</u>		DATE			
9. Capital Co as Shown		\$5,000,000.00		mount of Capita FLORIDA to da		butions		11. MAKE CHECK PAYABLI SEE REVERSE SIDE FO		:	
	A G NOTE:	ENERAL PARTNER 1 General Partners MA	THAT IS A B	USINESS ENT hanged on th	ITY Ne form	IUST BE REGIS n; an amendme	TERED AND AC	CTIVE WITH THIS OFFIC to change a general par	E. rtner.		
12.		GENERAL PARTNER			13.	· r		ADDRESS CHANGES ON		二二	
DOCUMENT # NAME	P98000069	9/30 I PROPERTIES, INC.			STR	EET ADDRESS				(9/04	
STREET ADDRESS CITY-ST-ZIP	3167 SHE LABELLE I	LL LANE			CITY	'-ST-ZIP				R2E003 (9/01)	
DOCUMENT # NAME					STR	EET ADORESS				5	
STREET ADDRESS CITY+ST+ZIP*	s		СІТҮ	/-ST-ZIP	4000050417241 -03/04/0201106002			Ī			
DOCUMENT # NAME					STR	EET ADDRESS			****535.00		
STREET ADDRESS CITY-ST-ZIP		•			CITY	'-ST-ZIP					
DOCUMENT# NAME					STR	EET ADDRESS					
STREET ADDRESS CITY-SY-ZIP					CITY	′-ST-ZIP					
DOCUMENT # NAME					STRI	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			 		СІТҮ	'-ST-ZIP					
DOCUMENT # NAME		-			STRI	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP					
indicated	on this repor	information supplied with t is true and accurate and empowered to execute thi	that my signat	ture shall have th	ne sam	e legal effect as if r	ection 119.07(3)(i), nade under oath; t	Florida Statutes. I further cer hat I am a General Partner of	tify that the information the limited partnership	o or	

SIGNATURE:

2/27/2002

463-674-0522