

2002 UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT

DOCUMENT # A98000002619

1. Entity Name
WC INDUSTRIAL PROPERTY LIMITED PARTNERSHIP

Principal Place of Business: **104 E. FOWLER AVE., STE. #201 TAMPA FL 33612**
Mailing Address: **104 E. FOWLER AVE., STE. #201 TAMPA FL 33612**

FILED
02 JAN 11 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-3543684** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent
**CALDERAZZO, WILLIAM
104 E. FOWLER AVE., STE. #201
TAMPA FL 33612**

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.

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

9. Capital Contributions as Shown on record: **\$2,389,220.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000086773	STREET ADDRESS	
NAME	WC PROPERTY HOLDING COMPANY, INC.	CITY - ST - ZIP	
STREET ADDRESS	104 E. FOWLER AVE., STE. #201		
CITY - ST - ZIP	TAMPA FL 33612		
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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: *WILLIAM CALDERAZZO* **WILLIAM CALDERAZZO** 01-08-02 813-933-2439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)