2003 LIMITED PARTNERSHIP

UNIFORM BUSINESS REPORT (UBR) A98000002620 **DOCUMENT #**

1. Entity Name

WC FINANCIAL INVESTMENT LIMITED PARTNERSHIP

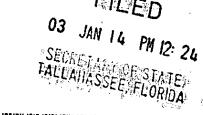


Principal Place of Business 104 E. FOWLER AVE., STE. 201 **TAMPA FL 33612**

Mailing Address

104 E. FOWLER AVE., STE. 201

TAMPA FL 33612





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2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			Ch. 6 O		DUE BY MAY 1, 2003		
			City & State		4. FEI Number 59-3543672 Applied For		
Zip		Country	Zip	Country	Not Applicable		
6. Name and Address of Current Registered Agent				<u> </u>	5. Certificate of Status Desired		
CALDERAZZO, WILLIAM				7. Name and Address of New Registered Agent Name			
104 E. FOWLER AVE., STE. 201 TAMPA FL 33612				Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33612							
				City	·		
8. The above named entity submits this statement for the purpose of the			numana of all and the				
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, a							
SIGNATURE							
<u></u>	Signature, typed or pr	inted name of registered agent and title	if applicable.				
9. Capital Contributions as Shown on record. \$701,000.00			 Amount of Capital Contributions in FLORIDA to date. 		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE		
A GENERAL PARTNED THAT IS A DURINTED THAT				SEE REVERSE SIDE FOR FEE INFORMATION			
12.	NOTE: G			illy Must e le form; an a	BE REGISTERED AND ACTIVE WITH THIS OFFICE. amendment must be filed to change a general partner.		
DOCUMENT #	,	GENERAL PARTNER INFO	PRMATION	13.	ADDRESS CHANGES ONLY		
NAME	CALDERAZZO	AAATTINA (•	STREET ADDRE			
STREET ADDRESS	104 E. FOWL	ER AVE., STE. 201	•	O MEET ABBILL	··		
CITY-ST-ZIP	TAMPA FL 33	612		CITY-ST-ZIP	500010086505 01/14/0301085012 **526.25		
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14. I hereby cer	rtify that the inform	nation supplied with this filing	2 doos not17 f	<u> </u>			

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:

SUMMENE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/8/03 813 933 2439