


2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000002896			
1. Entity Name WJLN PARTNERSHIP, LIMITED PARTNERSHIP			
Principal Place of Business 2451 BRICKELL AVE., APT. #20-A MIAMI FL 33129		Mailing Address 2451 BRICKELL AVE., APT. #20-A MIAMI FL 33129	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent RYDER, WILLIAM 2451 BRICKELL AVE., APT. #20-A MIAMI FL 33129		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. Capital Contributions as Shown on record. \$3,286,426.00		10. Amount of Capital Contributions in FLORIDA to date. 3,286,426	
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 # NAME STREET ADDRESS CITY-ST-ZIP	F98000007082 WJLN HOLDINGS, INC. 2451 BRICKELL AVE., APT. #20-A MIAMI FL 33129	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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01 FEB 28 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)

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 Ryder* **DATE:** 2/13/01 **DAYTIME PHONE #:** 305-285-6720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER