2001 UNIFORM BUSINESS REPORT (UBR)

001469 AF

DOCUMENT # A99000000224

1. Entity Name

WCIT INVESTMENT LIMITED PARTNERSHIP

FILED
01 FEB -2 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8844 NORTH FLORIDA AVENUE TAMPA FL 33604	P.O. BOX 272880 TAMPA FL 33688

2. Principal Place of Business	3. Mailing Address
104 E. Fowler Ave.	104 E. Fowler Ave.
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.: Suite 201
City & State: Tampa, Fl	City & State: Tampa, Fl
Zip: 33612 Country:	Zip: 33612 Country:

4. FEI Number: 59-3556512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALDERAZZO, WILLIAM 8844 NORTH FLORIDA AVENUE TAMPA FL 33604	Name: Street Address (P.O. Box Number is Not Acceptable): 104 E. Fowler Ave. Suite 201 City: Tampa, FL Zip Code: 33612

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 [signature] William Calderazzo 1/28/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $45,000.00	10. Amount of Capital Contributions in FLORIDA to date. 45,000.00	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	CALDERAZZO, WILLIAM 8844 NORTH FLORIDA AVENUE TAMPA FL 33604	STREET ADDRESS CITY-ST-ZIP	104 E. Fowler Ave. Suite 201 Tampa, Fl 33612
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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: SIGNATURE REQUIRED [signature] William Calderazzo 1/28/01 813 933 2439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #