2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900000578 1. Entity Name					je vi∯e t
WICKLOW ESTATES LIMITED PARTNERSHIP				FILED	
				00 MAY -4 PM 4: 20	
Principal Place of Business 3111 CARDINAL DRIVE VERO BEACH FL 32963		Mailing Address 3111 CARDINAL DRIVE VERO BEACH FL 32963-1920			SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business		3. Mailing Address			()\$\$101 (048 FE)30 1911(0041 0051(0011) 0031(0011) 0011 0111 10111 10111 10111 1011
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State		City & State			4. FEI Number Applied For 65-0909236 Not Applicable
Zip	Country	Zip	Coun	itry	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
OHLAIDE	MOUATI	•		Name	
O'HAIRE, MICHAEL 3111 CARDINAL DRIVE				Street Address (P.O. Box Number is Not Acceptable)	
VERO BEACH FL 32963					
				City · FL Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
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	EGAN CONSTRUCTION, INC.		STRI	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	VERO BEACH FL 32963	·	СПҮ	'-ST-23P	
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STREET ADDRESS CITY-ST-ZIP	:		СПУ	'- ST-ZIP	140.00
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STREET ADDRESS*			CETY	-ST-ZIP	
DOCUMENT# NAME			STRI	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP	
DOCUMENT# NAME	S. J.		STRI	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	t _n cir		CITY	'-ST-ZIP	
DOCUMENT # NAME			STR	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				′-ST-ZIP	
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					

561-538-8102