2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A9900001234 DOCUMENT#

1. Entity Name

WINIFRED L. HOLDINGS, LTD.



Principal Place of Business 3101 NORTH FEDERAL HIGHWAY, SUITE 601 FORT LAUDERDALE FL 33306	Mailing Address 3101 NORTH FEDERAL HIGHWAY, SUITE 601 FORT LAUDERDALE FL 33306
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

APR 25 AM 10: 50 SECRETAIRE GESTATE TALLAHASSEEL REORIDA



2. Principal P	ncipal Place of Business		3. Mailing Address		(188187) (210 1848 1831) 4011) 8811) 6811) 4811) 4814 (1816 1828 111) 6814 681				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003					
City & State		City & State			4. FEI Number	65-0940086		Applied For Not Applicable	
Zip		Country	Zip	Country	,	5. Certificate of Status Desired			
	6. Name	and Address of Current I	Registered Agent			7. Name and A	ddress of New Registered	\gen	t
AMATURO, JOSEPH C 3101-NORTH FEDERAL HIGHWAY, SUITE 601				L	Name Street Address (P.O. Box Number is Not Acceptable)				
FORT LAI	UDERDALE	FL 33306	•						
¥				 	City		FL	Z	lip Code
	named entity ions of regist		the purpose of changing its	s registered	office or regis	stered agent, or both,	in the State of Florida. I am f	amilia	ar with, and accept
SIGNATURE -	Signature byoad	or printed name of registered agent a	nd title if analicable				DATE		
	Signature, typed or printed name of registered agent and title if applicable. Dital Contributions \$250,000.00 In FLORIDA to date.				tions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
							TIVE WITH THIS OFFICE to change a general par		
12.	GENERAL PARTNER INFORMATION 13.			13.		ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS	AMATURO, JOSEPH C 3101 NORTH FEDERAL HIGHWAY SLITE 601				ADDRESS				
CITY-ST-ZIP		JDERDALE FL 33306	,	CITY-ST	ST-ZIP				
DOCUMENT #	Amaturo, Winifred J. 3101 North Federal Highway #601			STREET	ADDRESS	900012313519			
STREET ADDRESS CITY-ST-ZIP				CITY-ST	-ZIP	04/04/	/04/0301056021 **526.25		
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STREET ADDRESS CITY-ST-ZIP				CITY-ST	-ZIP				
DOCUMENT #				STREET	ADDRESS				

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

CITY-ST-ZIP

SIGNATURE:

STAPLE CHECK HEHE

NAME STREET ADDRESS

CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #