

FILED


03 MAY -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001410

1. Entity Name
WILBERT FAMILY PARTNERSHIP, LTD.



Principal Place of Business
12010 BARRY COURT
HOLLAND, PA 18966

Mailing Address
12010 BARRY COURT
HOLLAND, PA 18966

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number
65-0959655

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additions
Fee Required

6. Name and Address of Current Registered Agent

BOHCICCHIO, SALVATORE
900 CORPORATE BLVD., SUITE 300
BOCA RATON, FL 33489

7. Name and Address of New Registered Agent

Name: Bohicchio Salvatore

Street Address (P.O. Box Number is Not Acceptable)
1900 NW Corporate Blvd, E-300

City Boca Raton FL Zip Code 33481

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, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

9. Capital Contributions
As Shown on Report: \$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA in date: 655,467

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.

11. GENERAL PARTNER INFORMATION		12. ADDRESS CHANGES ONLY	
DOCUMENT #	P9900076499	STREET ADDRESS	
NAME	WILBERT FAMILY CORPORATION	CITY - ST - ZIP	
STREET ADDRESS	12010 BARRY COURT		
CITY - ST - ZIP	HOLLAND, PA 18966		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CHECKED (10/02)

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 195.07(8)(D), Florida Statutes. I further certify that the information included 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 member or trustee authorized to execute this report as required by Chapter 689, Florida Statutes.

SIGNATURE: Paul A. Bucabala 050103