

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY -5 PM 5:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

200017918602
05/05/03--01001--016 **526.25

55



DOCUMENT # A99000001536	
1. Entity Name W.T. MORGAN III FAMILY PARTNERSHIP, LTD.	
Principal Place of Business 4208 WOODMERE ROAD TAMPA, FL 33609	Mailing Address 4208 WOODMERE ROAD TAMPA, FL 33609

2. Principal Place of Business 918 South Golfview Street		3. Mailing Address 918 South Golfview Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33629	Country USA	Zip 33629	Country USA

DUE BY MAY 1, 2003	
4. FEI Number 59-3616461	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent-		7. Name and Address of New Registered Agent	
HENDEE, BRETT 100 S. ASHLEY DRIVE, STE 1770 TAMPA, FL 33602		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

9. Capital Contributions as Shown on record. \$1,120,564.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,120,564.00	11. MAKE CHECK PAYABLE TO FL 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 # L99000005858	NAME WTM MANAGEMENT LLC	STREET ADDRESS 918 South Golfview Street	
STREET ADDRESS 4208 WOODMERE ROAD		CITY - ST - ZIP Tampa, FL 33629	
CITY - ST - ZIP TAMPA, FL			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - 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.

SIGNATURE: *William T. Morgan* **4-28-03** **813-221-4607**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DAY

STAPLE CHECK HERE

CR2E003 (10/02)