2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCL	JMENT	#	A99	000	000	171	1

1. Entity Name
WILLJERR LIMITED PARTNERSHIP, L.L.P.



SECRETARY OF STATE DIVISION OF CORPORATIONS

	_					TO VE	1				
Principal Plac 3340 SCHEREI ST PETERSBU		•		ailing Address 40 SCHERER DRIVE PETERSBURG FL 33716		-		O3 APR		PM 3: 08 ·	
2. Principal Place of Business 3. Mai			Mailing Address				 		!E) 1 1 		
Suite, Apt. #, etc.			+	Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State			17	City & State			4. FEI Number 59-3611540 Applied For Not Applied by				
Zip	Country Zip			Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Regist	ered Agent			7. Name and	Address of New Regis	stered A	gent	\equiv
CACCIAN	ALANIC					Name					
Gassman, Alan S 1245 Court Street					Street Address	Street Address (P.O. Box Number is Not Acceptable)					
STE 102											$\neg \neg$
CLEARWATER FL 33756					City	FL Zip Cod			Zip Code		
D. The above		and a state of the						· in the Chate of Florida		miliar with and an	
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 Signature, typed or printed name of registered agent and title if applicable.									- }		
9. Capital Contributions as Shown on record. \$2,405,000.00 10. Amount of Capital Contributions in FLORIDA to date						outions 52,405,0	00.00	11. MAKE CHECK PA SEE REVERSE S		O FL. DEPT. OF ST. 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.	NOTE	GENERAL PARTNER				; an amenome	ent must be filed	ADDRESS CHANG			
		GENERAL FARTINES	INFO	HIVATION	13.	- -		ADDRESS CHAING	E2 ONL		—┤
DOCUMENT # NAME	GEHRAND, WILLIAM A TRUSTEE 3340 SCHERER DRIVE ST. PETERSBURG FL 33716				STRE	ET ADDRESS					
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NAME '		Secretary			SIME	- Applicad	1	<u>, , , , , , , , , , , , , , , , , , , </u>			
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14. I hereby certify that the information supplied with this filling 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

SIAFLE UHEUN HEME

William A. Gehrand 4/3/03

Date

727-572-7080

Daytime Phone #