

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A-9900000-1968**
 1. Entity Name
7435 WPB LTD

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 JUN 23 PM 1:29

Principal Place of Business Mailing Address
6351 NW 28 WAY SUITE A FT. LAUDERDALE, FLA. 33306 } SAME

2. Principal Place of Business 3. Mailing Address
6351 NW 28 WAY SUITE A FT. LAUDERDALE, FLA. 33306

City & State City & State
FT. LAUDERDALE, FLA. FT. LAUDERDALE, FLA.
 Zip Country Zip Country
33306 USA. 33306 USA.

4. FEI Number Applied For
65-0987483 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**J. WALTER McCrory, PA.
 1512 E. BROWARD BOULEVARD
 SUITE 200
 FT. LAUDERDALE, FLA. 33301**

7. Name and Address of New Registered Agent
 Name **DAVID H. FEE**
 Street Address (P.O. Box Number is Not Acceptable)
**6351 NW 28 WAY SUITE A.
 FT. LAUDERDALE, FLA.**
 City **FL** Zip Code **33306**

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.
 SIGNATURE  **DAVID H. FEE** DATE **5/18/00**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. Capital Contributions as Shown on record. **189,940** Amount of Capital Contributions in FLORIDA to date. **\$ 1,000.**
11. MAKE CHECK PAYABLE TO 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DHF Corp., A Florida Corporation #A99000001968
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	6351 NW 28 WAY SUITE A. FT. LAUDERDALE, FLA. 33306
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	200003312792--7 -07/05/00--01054--009 ***150.00 ***150.00
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 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:  **DAVID H. FEE** DATE **5/18/00** DAYTIME PHONE # **954-978-2388**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)