

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002216

1. Entity Name
WLHST LIMITED PARTNERSHIP

Principal Place of Business 3250 MARY Street Suite 500 MIAMI, FLA. 33133	Mailing Address 3250 MARY Street Suite 500 MIAMI, FLA. 33133
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 27 AM 3:05

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0970433

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Schatz, Richard E.
c/o Stearns, Weaver, Miller, Weissler P.A.
150 West Flagler St. Suite 2200
MIAMI, FLA 33130

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ **DATE** _____

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 \$900,000.00

10. Amount of Capital Contributions in FLORIDA to date \$335,095.00

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 #	P 990000110456
NAME	WLHST GP, Inc.
STREET ADDRESS	3250 MARY Street, Suite 500
CITY-ST-ZIP	MIAMI, FLA. 33133

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: W. Peter Tamling, Vice Pres Treasurer, Secretary 4/24/00 (305) 445-2493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER W. Peter Tamling **Daytime Phone #** _____

CR2E003 (9/99)