

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A99000002216

1. Entity Name
WLHST LIMITED PARTNERSHIP



Principal Place of Business
**3250 MARY STREET, SUITE 500
MIAMI FL 33133**

Mailing Address
**3250 MARY STREET, SUITE 500
MIAMI FL 33133**

FILED
03 APR 25 PM 4:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **65-0970433**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHATZ, RICHARD E
C/O STEARNS, WEAVER, ET AL
150 WEST FLAGLER STREET, SUITE 2200
MIAMI FL 33130**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

500017108835

04/25/03 01:07 006 *526.25**
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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions
as Shown on record. **\$900,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **897,658.00**

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 # **P99000110456**
NAME **WLHST GP, INC.**
STREET ADDRESS **3250 MARY STREET, SUITE 500**
CITY-ST-ZIP **MIAMI FL 33133**

STREET ADDRESS

CITY-ST-ZIP

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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: **Peter W. Suber, V.P. & Director**
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/03
Date

(305) 445-4200
Daytime Phone #

CR2E003 (10/02)