

# 2002 UNIFORM BUSINESS REPORT (UBR)

001813 AV

DOCUMENT # B01000000222

1. Entity Name

WSG DULLES, L.P.

FILED

02 MAY -1 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
400 ARTHUR GODFREY ROAD, SUITE 506  
MIAMI BEACH FL 33140

Mailing Address  
400 ARTHUR GODFREY ROAD, SUITE 506  
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
651118784

Applied For  
Not Applicable

DUE BY MAY 1, 2002

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

9. Capital Contributions as Shown on record. \$150.00

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M01000001428	STREET ADDRESS	
NAME	WSG DULLES GP, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	400 ARTHUR GODFREY ROAD, SUITE 506		
CITY-ST-ZIP	MIAMI BEACH FL 33140		
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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: *[Signature]* WSG DULLES GP, LLC  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date 3/15/02 Daytime Phone # 305 673 2107

CR2E003 (9/01)