

# 2001 UNIFORM BUSINESS REPORT (UBR)

001768 AF

**DOCUMENT # B97000000220**

1. Entity Name  
**WHNML-S REAL ESTATE LIMITED PARTNERSHIP**

**FILED**

Principal Place of Business  
**10 CAMPUS BLVD.  
NEWTOWN SQUARE PA 19073**

Mailing Address  
**10 CAMPUS BLVD.  
NEWTOWN SQUARE PA 19073**

**01 APR 27 PM 12:14**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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 **75-2699788**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$13,184,766.00**

10. Amount of Capital Contributions in FLORIDA to date. **13,184,766**

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 #     | <b>F97000002482</b>            |
| NAME           | <b>WHNML-S GEN-PAR, INC.</b>   |
| STREET ADDRESS | <b>10 CAMPUS BLVD.</b>         |
| CITY-ST-ZIP    | <b>NEWTOWN SQUARE PA 19073</b> |
| DOCUMENT #     | <b>F97000002479</b>            |
| NAME           | <b>GH NORTHWEST, INC.</b>      |
| STREET ADDRESS | <b>10 CAMPUS BLVD.</b>         |
| CITY-ST-ZIP    | <b>NEWTOWN SQUARE PA 19073</b> |
| DOCUMENT #     |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |
| DOCUMENT #     |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |
| DOCUMENT #     |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |

13. ADDRESS CHANGES ONLY

|                |   |
|----------------|---|
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| STREET ADDRESS | <b>600004213246--8</b>                                    |
| CITY-ST-ZIP    | <b>05/11/01-01143-015</b><br><b>****526.25 ****526.25</b> |
| 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: *Robert Digioseppe* **ASST Secretary for Corp G.P.** **3/29/01** **610-355-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **ROBERT DIGIOSEPPE**

CP2E003 (11/00)