

2002 UNIFORM BUSINESS REPORT (UBR)

0018809 AB

DOCUMENT # B97000000220

1. Entity Name

WHNML-S REAL ESTATE LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -5 PM 2:21



Principal Place of Business

10 CAMPUS BLVD.
NEWTOWN SQUARE PA 19073

Mailing Address

10 CAMPUS BLVD.
NEWTOWN SQUARE PA 19073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

75-2699786

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$13,184,766.00

10. Amount of Capital Contributions in FLORIDA to date.

13,184,746

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 # F97000002482
NAME WHNML-S GEN-PAR, INC.
STREET ADDRESS 10 CAMPUS BLVD.
CITY-ST-ZIP NEWTOWN SQUARE PA 19073

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # F97000002479
NAME GH NORTHWEST, INC.
STREET ADDRESS 10 CAMPUS BLVD.
CITY-ST-ZIP NEWTOWN SQUARE PA 19073

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ASST SECRETARY
FOR CORP GEN PAR

1/14/02

610-355-8147

CR2E003 (9/01)