

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000498**

1. Entity Name

WHITNEY LABS, L.P.

FILED

00 APR 10 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O WARWICK GROUP II, INC.
70 MAIN STREET
NEW CANAAN CT 06840

Mailing Address

C/O WARWICK GROUP II, INC.
70 MAIN STREET
NEW CANAAN CT 06840-4711

2. Principal Place of Business

1095 North US, Hwy 1
Suites 1, 2
Ormond Beach, FL
32174 USA

3. Mailing Address

1095 North US Highway 1
Suites 1, 2
Ormond Beach, FL
32174 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2341211

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name: Peter Sontostefano
Street Address (P.O. Box Number is Not Acceptable): 11001 Ormond National Drive
Suite 148
City: Orlando FL Zip Code: 32801

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$8,487,558.00

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

DOCUMENT # B97000000489
NAME COLONIAL GP, L.P.
STREET ADDRESS 70 MAIN STREET
CITY-ST-ZIP NEW CANAAN CT 06840

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

STREET ADDRESS

CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

MARK KOZAK, Vice-President

(203) 966-7447

CR2E003 (9/99)