

2001 UNIFORM BUSINESS REPORT (UBR)

0011704 AF

DOCUMENT #	B97000000498
1. Entity Name	
WHITNEY LABS, L.P.	

FILED

01 APR 20 PM 12:07

Principal Place of Business	Mailing Address
1095 N. US HWY. 1. SUITE 1.2 ORMOND BEACH FL 32174	1095 N. US HWY. 1. SUITE 1.2 ORMOND BEACH FL 32174

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State
Zip	Country

4. FEI Number	58-2341211	Applied For
		Not Applicable

6. Name and Address of Current Registered Agent
SANTOSTEFANO, PETER 7061 GRAND NATIONAL DR., SUITE 148 ORLANDO FL 32801

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	<i>[Signature]</i>	DATE
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)

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
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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 # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
B97000000489 COLONIAL GP, L.P. 70 MAIN STREET NEW CANAAN CT 06840	
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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	<i>[Signature]</i>	DATE	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		4/12/01	(407) 351-7080

CR2E003 (11/00)