

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B97000000498



FILED

03 AUG 29 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name WHITNEY LABS, L.P.	
Principal Place of Business 1095 N. US HWY. 1. SUITE 1.2 ORMOND BEACH FL 32174	Mailing Address 1095 N. US HWY. 1. SUITE 1.2 ORMOND BEACH FL 32174



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY SEPTEMBER 24, 2003

4. FEI Number 58-2341211	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 **T. MARK GALLAGHER**
Street Address (P.O. Box Number is Not Acceptable)
7061 GRAND NATIONAL DRIVE
SUITE 148
City **ORLANDO** FL Zip Code **32819-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *T Mark Gallagher* DATE 8/5/03

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

9. Capital Contributions as Shown on record. \$8,487,558.00	10. Amount of Capital Contributions in FLORIDA to date. \$8,487,558.00	11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT #	B9700000489
NAME	COLONIAL GP, L.P.
STREET ADDRESS	70 MAIN STREET
CITY-ST-ZIP	NEW CANAAN CT 06840
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	700022660327
CITY-ST-ZIP	03/23/03--01012--004 **935.00
STREET ADDRESS	
CITY-ST-ZIP	
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: *T Mark Gallagher* **SIGNATURE REQUIRED** **68** **25 AUG 03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE