

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001999 AB

**DOCUMENT # B97000000498**



FILED

03 AUG 29 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



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

**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. <b>\$8,487,558.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$8,487,558.00</b>	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	<b>B9700000489</b>
NAME	<b>COLONIAL GP, L.P.</b>
STREET ADDRESS	<b>70 MAIN STREET</b>
CITY-ST-ZIP	<b>NEW CANAAN CT 06840</b>
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	<b>700022660327</b>
CITY-ST-ZIP	<b>08/23/03--01012--004 **935.00</b>
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