

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000054

1. Entity Name
FWM INVESTMENTS, L.P.

Principal Place of Business
C/O THE CORPORATION TRUST COMPANY
1209 ORANGE STREET, CORPORATION TRUST CEN.
WILMINGTON DE 19801

Mailing Address
222 LAKEVIEW AVENUE, SUITE 160-268
WEST PALM BEACH FL 33401-6145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0770635

Applied For

Not Applicable

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$0.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F97000006239
NAME FWM INVESTMENTS, INC.
STREET ADDRESS 222 LAKEVIEW AVENUE, SUITE 160-268
CITY - ST - ZIP WEST PALM BEACH FL 33401

STREET ADDRESS

CITY - ST - ZIP

200003219322-7

-04/24/00--01007--023

****150.00 ****150.00

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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:

SIGNED AND WITNESSED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/29/00

Date

617-557-6000

Daytime Phone #

APPROVED
AND
FILED

00 APR -5 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/19



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)