

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

UBR 1407 FT

DOCUMENT # B98000000328



FILED
03 MAR 14 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
WIMSATT-ON LIMITED PARTNERSHIP

Principal Place of Business
**4910 BAROSTOWN RD
LOUISVILLE KY 40291**

Mailing Address
**4910 BAROSTOWN RD
LOUISVILLE KY 40291**



2. Principal Place of Business
4910 BARDSTOWN ROAD

3. Mailing Address
4910 BARDSTOWN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
LOUISVILLE, KY

City & State
LOUISVILLE, KY

4. FEI Number **61-1327663**

Applied For
Not Applicable

Zip
40291

Country

Zip
40291

Country

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

**FARMER, ANNE H
5717 CARROLLWOOD MEADOWS DRIVE
TAMPA FL 33688**

Name **Deborah Ellis**
Street Address (P.O. Box Number is Not Acceptable)
943 W. Orange Blossom Trail
City **Apopka** FL Zip Code **32712**

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 *George M Wimsatt, Gen Ptnr.*

3/3/03
DATE

9. Capital Contributions as Shown on record. **\$792,585.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$792,585**

11. MAKE CHECK PAYABLE TO FL. 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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	WIMSATT, GEORGE M	4910 BAROSTOWN RD	LOUISVILLE KY 40291

STREET ADDRESS	CITY-ST-ZIP
4910 BARDSTOWN ROAD	LOUISVILLE, KY 40291

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: *George M Wimsatt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/3/03
Date
502-495-2151
Daytime Phone #

CR2E003 (10/02)