

2001 UNIFORM BUSINESS REPORT (UBR)

0001928 AF

DOCUMENT # **B98000000712**

1. Entity Name

WB STAGE 16, L.P.

FILED

Principal Place of Business
**129 WEST CHURCH STREET
 ORLANDO FL 32801**

Mailing Address
**129 WEST CHURCH STREET
 ORLANDO FL 32801**

01 FEB -5 AM 11:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2125178

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A.G.C. CO.

**200 SOUTH ORNAGE AVENUE, 2300 SUNTRUST CTR
 ORLANDO FL 32801**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$200,000.00

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 #	M98000001564
NAME	WB STAGE 16, L.L.C.
STREET ADDRESS	6100 DEACON DRIVE
CITY-ST-ZIP	WINDERMERE FL 34786
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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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:

WB STAGE 16, L.L.C. by its manager

Date

Daytime Phone #

[Signature] 1/24/01

407-244-412-2434

CR2E003 (11/00)