

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # B9800000712**



1. Entity Name  
**WB STAGE 16, L.P.**

**FILED**

**03 MAY -6 PM 8:53**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
**6100 PAYNE STEWART BLVD.  
WINDERMERE, FL 34786**

Mailing Address  
**200 SOUTH ORANGE AVE., STE. 2300  
BOX 112  
ORLANDO, FL 32802-0112**



2. Principal Place of Business

3. Mailing Address

**DUE BY MAY 1, 2003**

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**

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

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record: **\$200,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date

**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 # **M99000001584**  
NAME **WB STAGE 16, L.L.C.**  
STREET ADDRESS **6100 PAYNE STEWART BLVD.**  
CITY-ST-ZIP **WINDERMERE, FL 34786**

STREET ADDRESS  
CITY-ST-ZIP

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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)(l), 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, LLC by Cylee Keedy, MGR 4/29/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Case

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)