

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016752 AT

DOCUMENT # B990000000086

1. Entity Name
DUNN-WMA, L.P.



FILED
03 FEB 26 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
309 E. OSCEOLA ST., SUITE 208
STUART FL 34994

Mailing Address
309 E. OSCEOLA ST., SUITE 208
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0844106

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

DUNN, WILLIAM A
309 E. OSCEOLA ST., SUITE 208
STUART FL 34994

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 title if applicable.

DATE

9. Capital Contributions as Shown on record. \$999,999,999.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # P02291
NAME DUNN CAPITAL MANAGEMENT, INC.
STREET ADDRESS 309 E. OSCEOLA ST., SUITE 208
CITY-ST-ZIP STUART FL 34994

STREET ADDRESS

CITY-ST-ZIP

400013146384
02/26/03--01077--008 **526.25

DOCUMENT #
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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: *Matthew*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/24/03
Date

772-286-4777
Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE