

2001 UNIFORM BUSINESS REPORT (UBR)

0009058 AF

DOCUMENT # B99000000204

1. Entity Name

WILC/LIVINGSTON LIMITED PARTNERSHIP

FILED

01 APR -2 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



[Handwritten mark]

Principal Place of Business

% SUNTRUST FINANCIAL CENTRE
401 JACKSON STREET, STE 2200
TAMPA FL 33302

Mailing Address

% SUNTRUST FINANCIAL CENTRE
401 JACKSON STREET, STE 2200
TAMPA FL 33302

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13400 Bishop's Lane Suite 100
Suite, Apt. #, etc.
Suite 100

3. Mailing Address

13400 Bishop's Lane Suite 100
Suite, Apt. #, etc.
Suite 100

City & State

Brookfield, WI 53005

City & State

Brookfield, WI 53005

4. FEI Number

39-1955423

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, SUSAN F
SUNTRUST FINANCIAL CENTRE
401 JACKSON STREET, STE 2200
TAMPA FL 33302

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$2,100,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$2,100,000.00**

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 #	
NAME	WISCONSIN INVESTMENT LLC
STREET ADDRESS	13400 BISHOP'S LANE, STE 100
CITY-ST-ZIP	BROOKFIELD WI
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
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STREET ADDRESS	200003332692-6
CITY-ST-ZIP	-04/11/01--01100--025
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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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/27/2001 262-797-9400
Date Daytime Phone #

CR2E003 (11/00)