

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90454 032 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013078

1. Entity Name

MWC CAPITAL PARTNERS, L.L.C.

Principal Place of Business

4517 OLD CARRIAGE TRAIL
 OVIEDO FL 32765

Mailing Address

4517 OLD CARRIAGE TRAIL
 OVIEDO FL 32765

969118



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3732190

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEATHERFORD, WILLIAM P JR.
 1031 W. MORSE BLVD., SUITE 105
 WINTER PARK FL 32789

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
 NAME: CHRISTY, MAUREEN D
 STREET ADDRESS: 4517 OLD CARRIAGE TRAIL
 CITY-ST-ZIP: OVIEDO FL 32765 Delete

TITLE: MGR
 NAME: CHRISTY, WILLIAM J
 STREET ADDRESS: 4517 OLD CARRIAGE TRAIL
 CITY-ST-ZIP: OVIEDO FL 32765 Delete

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

10. ADDITIONS/CHANGES

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/23/02 4076792259

DATE

Daytime Phone #

CR2E083 (9/01)