2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A0100000807

1. Entity Name WGCC, LTD.



FILED Apr 20, 2007 08:00 AM Secretary of State

Principal Place of Business

300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301 Mailing Address

300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301



DO NOT WRITE IN THIS SPACE

01092007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1126942

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5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

Name and Address of Current Registered Agent

JONES, PATRICIA 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

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	າ familiar with, ຄ	and accept
	the obligations of registered agent.		

SIGNATURI

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

DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

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.

GENERAL PARTNER INFORMATION 12. P01000059964 DOCUMENT # WGCC, INC. STREET ADDRESS 300 S.E. 2ND STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33301 STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT # NAME

U00000721523 ≨05/01/07-80150-002 500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT /
NAME
STREET ADDRESS

Terry

SIGNATURE AND POPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Terry W. Stiles

4/10/077

954-627-9300

Date

Daytime Phone #