

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR -1 AM 8:35



**DOCUMENT # A0200000670**  
1. Entity Name  
**THE WEXLER INVESTMENTS LIMITED PARTNERSHIP**

Principal Place of Business  
**7880 TALAVERA PLACE  
DELRAY BEACH FL 33446**

Mailing Address  
**7880 TALAVERA PLACE  
DELRAY BEACH FL 33446**

2. Principal Place of Business  
**7522 Isla Verde Way**  
Suite, Apt. #, etc.

3. Mailing Address  
**7522 Isla Verde Way**  
Suite, Apt. #, etc.

City & State  
**Delray Beach, FL**

City & State  
**Delray Beach, FL**

Zip  
**33446**

Country

Zip  
**33446**

Country

*[Handwritten signature]*



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent  
**WACHS, JEFFREY S ESQ.  
1177 S.E. 3RD AVENUE  
FT. LAUDERDALE FL 33316**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$500.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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	
DOCUMENT #	
NAME	<b>WEXLER, GREGG R</b>
STREET ADDRESS	<b>7880 TALAVERA PLACE</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>
DOCUMENT #	
NAME	<b>WEXLER, LINDA S</b>
STREET ADDRESS	<b>7880 TALAVERA PLACE</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>7522 Isla Verde Way</b>
CITY-ST-ZIP	<b>Delray Beach, FL 33446</b>
STREET ADDRESS	<b>7522 Isla Verde Way</b>
CITY-ST-ZIP	<b>Delray Beach, FL 33446</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>800050510598</b>
CITY-ST-ZIP	<b>04/12/05--01010--005 **141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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: *Linda Wexler* **Linda Wexler** 3-29-05 561-445-1054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #