


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000001590

1. Entity Name
W/B WATERBRIDGE DOWNS, LTD.



Principal Place of Business
2665 SOUTH BAYSHORE DRIVE, SUITE 1002
MIAMI, FL 33133

Mailing Address
2665 SOUTH BAYSHORE DRIVE, SUITE 1002
MIAMI, FL 33133



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04272005 Chg-LP CR2E003 (10/03)

4. FEI Number
57-1145254 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STEARNS WEAVER MILLER WEISSLER ET AL PA
% RICHARD E. SCHATZ, 2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130

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

9. Capital Contributions as Shown on record, \$99.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L02000032354	STREET ADDRESS	
NAME	W/B WATERBRIDGE DOWNS GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 1002		
CITY-ST-ZIP	MIAMI, FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: WARREN WEISER 4/29/05 305-854-7342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #