2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A06000001114** WKR HOLDINGS, LTD 07 JAN 19 AH 9: 38 Principal Place of Business Mailing Address 16991 S.W. 266TH TERRACE 16991 S.W. 266TH TERRACE HOMESTEAD, FL 33031 HOMESTEAD, FL 33031 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 CR2E003 (12/06) City & State Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAMONT-NEIMAN INTERIAN & BELLET, P.A. Street Address (P.O. Box Number is Not Acceptable) 2 SOUTH BISCAYNE BLVD., SUITE 3550 MIAMI, FL 33131 City 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. 700085839507 01/23/07--01017--020 **500 on SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 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. 13 ADDRESS CHANGES ONLY DOCUMENT # L06000092616 STREET ADDRESS WKR HOLDINGS, LLC STREET ADDRESS 16991 S.W. 266TH TERRACE CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD, FL 33031 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7TP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHECK HERE CITY-ST-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPL DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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: