2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A30604

1. Entity Name
WILT'S OF BOCA RATON, LTD.

Principal Place of Business
7777 GLADES ROAD, SUITE 310
BOCA RATON, FL 33434

Mailing Address
7777 GLADES ROAD, SUITE 310
BOCA RATON, FL 33434

01032005 Chg-LP CR2E003 (10/03)

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
65-0206479
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHMIER, ROBERT J
7777 GLADES ROAD, SUITE 310
BOCA RATON, FL 33434

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. $1,200,000.00

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 #	S00392	STREET ADDRESS	
NAME	WILT'S PLACE, INC.		
STREET ADDRESS	7777 GLADES RD., #310	CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON, FL		
DOCUMENT #		STREET ADDRESS	U00000363844
NAME			
STREET ADDRESS		CITY-ST-ZIP	05/06/05-80016-022 150.00
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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

Wilt's Place Inc. / GP,

SIGNATURE: [signature] April 28, 2005 561-483-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #

Robert J. Schmier, Pres.