2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000001369

1. Entity Name
W.L. APARTMENTS, LTD.

Principal Place of Business	Mailing Address
C/O THE RICHMAN GROUP 599 WEST PUTNAM AVENUE GREENWICH, CT 06830	C/O THE RICHMAN GROUP 599 WEST PUTNAM AVENUE GREENWICH, CT 06830
2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

04062004 Chg-LP CR2E003 (10/03)

4. FEI Number 22-3322253 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE RICHMAN GROUP OF FLORIDA, INC. THE BRANDYWINE CENTRE 1 580 VILLAGE BLVD., SUITE 120 WEST PALM BEACH, FL 33409	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.	$1,060,000.00	10. Amount of Capital Contributions in FLORIDA to date.	$0.00

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000081012	STREET ADDRESS	
NAME	W.L. APARTMENTS, INC.		
STREET ADDRESS	599 WEST PUTNAM AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	GREENWICH, CT 06830		
DOCUMENT #		STREET ADDRESS	U00000131453 04/27/04--00006--011 526.25
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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.

SIGNATURE: [signature] David A. Salzman, Treasurer of G.P. 4/6/04 203-869-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #