
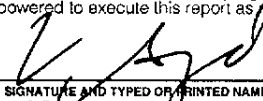


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
May 16, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # A95000001043</b>					
1. Entity Name WMC PARTNERS, LTD.					
Principal Place of Business 2300 GLADES ROAD SUITE 100 E BOCA RATON, FL 33431			Mailing Address 2300 GLADES ROAD SUITE 100 E BOCA RATON, FL 33431		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
5. Certificate of Status Desired <input type="checkbox"/>				4. FEI Number 65-0608880	
				Applied For Not Applicable	
				01242005 Chg-LP CR2E003 (10/03)	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREENFIELD, WILLIAM 2300 GLADES ROAD SUITE 100 E BOCA RATON, FL 33431				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 _____ <small>Signature, typed or printed, name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$445,500.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P95000053315		STREET ADDRESS		
NAME	WMC EQUITY CORP.		CITY - ST - ZIP		
STREET ADDRESS	2300 GLADES ROAD, STE. 100 E				
CITY - ST - ZIP	BOCA RATON, FL 33431				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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CITY - ST - ZIP					
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: 			William R. Greenfield		561-392-6662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #



01242005 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-0608880

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

9. Capital Contributions as Shown on record. \$445,500.00 10. Amount of Capital Contributions in FLORIDA to date.

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05/16/05-80025-010 526.25

STAPLE CHECK HERE

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SIGNATURE:  William R. Greenfield 561-392-6662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #