

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


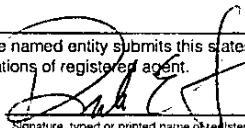

**FILED**

2005 MAY -2 P 4: 19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282005 Chg-LP CR2E003 (10/03)

<b>DOCUMENT # A97000002393</b>				
1. Entity Name W/B OMNI, 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		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 65-0868898				Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name <b>Stearns Weaver Miller Weissler, et al</b>	
			Street Address (P.O. Box Number is Not Acceptable) <b>c/o Richard E. Schatz, Esq.</b>	
			150 W. Flagler St. Suite 2200	
			City <b>Miami</b>	Zip Code <b>FL 33130</b>
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 <b>4/28/2005</b>	
Signature, typed or printed name of registered agent and title if applicable. <b>RICHARD E. SCHATZ</b>				
9. Capital Contributions as Shown on record. <b>\$100.00</b>		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 #	P97000081275		STREET ADDRESS	
NAME	W/B OMNI CORP.		CITY-ST-ZIP	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 1002			
CITY-ST-ZIP	MIAMI, FL 33133			
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
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NAME			CITY-ST-ZIP	
STREET ADDRESS				
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: 			DATE <b>4/29/05</b> 305 804 7342	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #	

STAPLE CHECK HERE

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