


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

**FILED  
Feb 19, 2005 08:00 AM  
Secretary of State**

DOCUMENT # A99000001942					
1. Entity Name WS MARTINEZ LIMITED PARTNERSHIP					
Principal Place of Business 107 HICKORY CREEK BOULEVARD BRANDON, FL 33511			Mailing Address 107 HICKORY CREEK BOULEVARD BRANDON, FL 33511		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01282005 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3630357				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARTINEZ, WILLIAM 107 HICKORY CREEK BOULEVARD BRANDON, FL 33511			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. \$6,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$0.00		\$141.25	
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 #	P99000098197	STREET ADDRESS	000000235722		
NAME	WS MARTINEZ, INC.	CITY-ST-ZIP	02/19/05-80016-012 141.25		
STREET ADDRESS	107 HICKORY CREEK BOULEVARD				
CITY-ST-ZIP	BRANDON, FL 33511				
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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: <i>William Martinez</i>				Date: 2-11-05 813-244-6242	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #	

STAPLE CHECK HERE