## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A9600000932  1. Entity Name W-ICE LTD.							-5 AM 9:47 ARY OF STATE SSEE, FLORIDA	
Principal Place of Business Mailing Address					1	IMPLANTA:	SSEE, FLORIDA	
7389 HERITAGE PALMS ESTATE DRIVE 7389 HERITAGE PALMS FORT MYERS, FL 33912 FORT MYERS, FL 33913				E DRIVE		( <b>8</b> 11 <b>3 8</b> 774) <b>88</b> 111 <b>88</b> 111 <b>8</b>	5/11 88/11 88/11 88/18 (2/42 //MG 11218/1 Pr 422)	
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt.		Suite, Apt. #, etc.		03132007	Chg-LP	CR2E003 (12/06)		
City & Stat	e	City & State		4. FEI Numbe 65-0665		Applied For Not Applicable		
Zip	Country	Zip	Coun	try		of Status Desired	\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent				Name	7. Name and	Address of New	Registered Agent	
U.S. INVESTOR SERVICES INC. 4901 TAMIAMI TRAIL NORTH ATTN: RAINER FILTHAUT				Bolanos Truxton, P.A Street Address (P.O. Box Number is Not Acceptable) 12800 University Drive				
								NAPLES, FL 34103-3010
The above correct paths pulposite this platement for the average of the color				nd office or register	Fort Myers, <b>FL</b> 33907			
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  Teor.								
Signature, typed or printed name of expetered agent and title if applicable.  DATE								
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00								
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 DOCUMENT / L01000009416				<u> </u>		ADDRESS CH	IANGES ONLY	
NAME	HENNING VENTURES, L.C.			ET ADORESS				
STREET ADDRESS CITY-ST-ZIP	7389 HERITAGE PALMS ESTATE DRIVE FORT MYERS, FL 33912			- \$1 - ZIP	·			
DOCUMENT #			STRE	ET ADDRESS	500096506846 9444 <del>78 9182 819 **500 88</del>			
STREET ADDRESS CITY-ST-ZIP		<u> </u>	CITY	-ST-ZIP			300 010366136	
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DOCUMENT # NAME			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	CITY-			-ST-ZIP				
14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 ampowered to execute this report as required by Chapter 620, Florida Statutes								
SIGNATURE: SGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 3/3/2007 239-48/- 9885								
JÜRGEN HENNING								

FILED