


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000617</b>					
<b>1. Entity Name</b> WLD INTRACOASTAL ISLES, LLLP					
<b>Principal Place of Business</b> 401 E LAS OLAS BLVD., SUITE 2200 FT. LAUDERDALE, FL 33301			<b>Mailing Address</b> 401 E LAS OLAS BLVD., SUITE 2200 FT. LAUDERDALE, FL 33301		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1001607	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  HORVITZ, DAVID W 401 E LAS OLAS BLVD., SUITE 2200 FT. LAUDERDALE, FL 33301			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>9. Capital Contributions as Shown on record.</b> \$1,179,882.00			<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P00000036370		STREET ADDRESS		
NAME	WLD INTRACOASTAL ISLES, INC.		CITY-ST-ZIP		
STREET ADDRESS	401 E LAS OLAS BLVD., SUITE 2200				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301				
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NAME			CITY-ST-ZIP		
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STREET ADDRESS					
CITY-ST-ZIP					
<b>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</b>					
<b>SIGNATURE:</b> <i>David W. Horvitz</i>			DATE: <i>2/23/04</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Daytime Phone #</small>		

STAPLE CHECK HERE



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