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

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A00000000770** 05 MAR 18 AM 11: 20 WR HOLDINGS LTD. Principal Place of Business Mailing Address 7860 PETERS ROAD SUITE F-104 7860 PETERS ROAD SUITE F-104 PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business 3. Mailing Address 880 SE INDIAN Suite, Apt. #, etc. Suite, Apt. #, etc. 03102005 CR2E003 (10/03) Cho-LP City & State City & State 4. FEI Number Applied For 65-1016554 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GANAERG ARMOUR, ALAN I II ss (P.O. Box Number is Not Acceptable NASON YEAGER GERSON WHITE & LIOCE PA 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH, FL 33401 Suit #350-N Zip Code TO LLYWOOD 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 fam the obligations of registered agent SIGNATURE id name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$200.00 as Shown on record. in FLORIDA to date. 200.00 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY L01000003605 DOCUMENT # STREET ADDRESS WR COMPANY, LLC NAME STREET ADDRESS 7860 PETERS ROAD SUITE F-104 CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33324 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP DOCUMENT # 100049167541 03/25/05--01005--009 **150.00 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP DOCUMENT # CHECK STREET ADDRESS NAME STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS The factor of the NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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: NAME OF SIGNING GENERAL PARTN

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