


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**



1ST MOORE CR2E003 (10/04)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |             |                                                             |                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|-------------------------------------------------------------|------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # A00000001019</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |             |                                                             |  |  |
| 1. Entity Name<br>WALBLAY PARTNERSHIP NO. 1, LTD., LLLP                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |             |                                                             |                                                                                    |  |
| Principal Place of Business<br>23 SUNSET KEY DRIVE<br>KEY WEST FL 33040                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |             | Mailing Address<br>23 SUNSET KEY DRIVE<br>KEY WEST FL 33040 |                                                                                    |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |             | 3. Mailing Address                                          |                                                                                    |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |             | Suite, Apt. #, etc.                                         |                                                                                    |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |             | City & State                                                |                                                                                    |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        | Country     |                                                             | 4. FEI Number<br>61-1371329                                                        |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |             |                                                             | Applied For<br>Not Applicable                                                      |  |
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324                                                                                                                                                                                                                                                                                                                                                           |                        |             |                                                             | 7. Name and Address of New Registered Agent                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |             |                                                             | 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.<br>SIGNATURE <u>Ronald E. Walblay</u> DATE <u>4-21-05</u><br><small>Signature, typed or printed name of registered agent and title if applicable</small>                                                                                                    |                        |             |                                                             |                                                                                    |  |
| 9. Capital Contributions as Shown on record.                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | \$12,000.00 |                                                             | 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.</b><br><b>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 #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAME                   |             | STREET ADDRESS                                              |                                                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | WALBLAY, RONALD E      |             | CITY-ST-ZIP                                                 |                                                                                    |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BOWLING GREEN KY 42104 |             |                                                             |                                                                                    |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAME                   |             | STREET ADDRESS                                              | 000000363129                                                                       |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |             | CITY-ST-ZIP                                                 | 05/05/05-80141-023 141.25                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |             |                                                             |                                                                                    |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAME                   |             | STREET ADDRESS                                              |                                                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |             | CITY-ST-ZIP                                                 |                                                                                    |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |             |                                                             |                                                                                    |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAME                   |             | STREET ADDRESS                                              |                                                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |             | CITY-ST-ZIP                                                 |                                                                                    |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |             |                                                             |                                                                                    |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAME                   |             | STREET ADDRESS                                              |                                                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |             | CITY-ST-ZIP                                                 |                                                                                    |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |             |                                                             |                                                                                    |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAME                   |             | STREET ADDRESS                                              |                                                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |             | CITY-ST-ZIP                                                 |                                                                                    |  |
| 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)(l), 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes |                        |             |                                                             |                                                                                    |  |
| SIGNATURE: <u>Ronald E. Walblay</u> General Partner 4-21-05 276-781-9911<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 305-294-3695                                                                                                                                                                                                                                                                                                                                   |                        |             |                                                             |                                                                                    |  |

STAPLE CHECK HERE