PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM				
LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STAT Secretary of State DIVISION OF CORPORATIONS	DIVÎSÎON Ô	AMEU ARY OF STATE CORPORATIONS 4 AM 10: 38	
DOCUMENT # A 0000001560 1. Name of Limited Partnership				
WGP LIMITED PA	RTNERSHIP			
9530 MARKET PLACE RD	3. Mailing Office Address 9530 MARKET PLACE DR	CR2E039	(11/05)	
Suite, Apt. #, etc.	<u>Suit</u> e, Apt. #, etc. <u>301</u>	4. Date Formed or Registered To Do Business in Florida	1/12/2000	
	City & State FORT MYERS, FL	5. FEI Number 593700 146	Applied For Not Applicable	
	33912 Country U.S.	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
8. Name and Address of C	urrent Registered Agent	7. FEES:	·	
Name WILLIAM G PRICE JR Filling Fee(s): \$411.25 for each year due this office.			ear due this office.	
Street Address (P.O. Box Number is Not Acceptable) 9530 MARKETPLA CE RD		Supplemental Fee(s): \$88.75 for	Supplemental Fee(s): \$88.75 for each year due this office.	
Suite, Apt. #, Etc.			Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records	
City FORT MYERS	State Zip Code FL 33912			
9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.				
SIGNATURE (Registered Agent Accepting Appointment)				
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number	
WILLIAM G. PRICE, JR.	9530 MARKETPLACE RD	FORT MYERS, FL 33912	N/A	
	FORT MYERS, FL 33912	3000819 11/21/0601009-	73263 -008 **!000.00	
	กับไป เมื่อ	INSTATEMENT	05-06	
Note: General partners MAY NOT h	e changed on this form: an ame	endment must be filed to change	ge a general partner.	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I release the Division of the chapter 119 of the control of the chapter 119 of th				
Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this proof as 1944 red by chapter 620, Florida Statutes.				
SIGNATURE				
Typed or Printed Name of General Partner Signing Form WILLIAM G. PRICE, JR Telephone Number 239.738.7800				